Electronically Delivered

November 6, 2025

Licensee
Vista Prairie at Garnette Gardens
511 Dekalb Street
Redwood Falls, MN 56283

RE: Project Number(s) SL30391016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 23, 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 . . ."

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $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
	30391	A. BUILDING: _____ B. WING _____	10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT GARNETTE GARDENS	511 DEKALB STREET REDWOOD FALLS, MN 56283

(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: SL30391016 On October 20, 2025, through October 23, 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 89 residents; 89 receiving services under the Assisted Living Facility with Dementia Care 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.	
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

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0 775	Continued From page 1 Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation 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 October 22, 2025, from 9:14 a.m. through 10:59 a.m., with licensed assisted living director (LALD)-A and maintenance manager (MM)-E, the surveyor observed two emergency exit doors leading into a courtyard area in memory care with exit signs above them that were equipped with magnetic locks that required a code to unlock. The same style lock was observed on the door to the lobby. The surveyor did not observe a button or switch that would deactivate the locks. LALD-A and MM-E stated they were not aware of a switch in the building that would deactivate the locks. The locks were not capable of being deactivated by a signal or switch located in an approved location	0 775		

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0 775	Continued From page 2 as required in State Fire Code in Minnesota Rules, chapter 7511. During same tour the surveyor observed a padlock on the courtyard gate. MM-E removed the padlock during the tour and stated they would remove the locking hardware. The courtyard was accessed through the emergency exits from the memory care area. Emergency exits must be maintained to provide unobstructed access to a public way. During same tour the surveyor observed a double layer of drywall that was missing from part of the ceiling in the mechanical room. In the same mechanical room, there were pipes and wires that penetrated the ceiling drywall. These pipes and wires had red fire caulking that sealed them to the drywall. The fire caulking was loose and separated from several of the pipes and wires. Fire rated ceilings must be maintained as designed to prevent the spread of smoke and fire to adjoining building areas. LALD-A and MM-E verified the above findings while accompanying on the tour and stated they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
01470 SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff	01470		

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01470	Continued From page 3 person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated	01470		

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01470	Continued From page 4 age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of two employees (unlicensed personnel (ULP)-C, ULP-D) received orientation to assisted living facility licensing requirements and regulations before providing 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: ULP-C ULP-C was hired on May 31, 2019, to provide direct care and services to the facility's residents.	01470		

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01470	Continued From page 5 On October 21, 2025, at 7:04 a.m., the surveyor observed ULP-C administer R2's morning medications. ULP-D ULP-D was hired on May 8, 2019, to provide direct care and services to the facility's residents. On October 21, 2025, at 8:06 a.m., the surveyor observed ULP-D administer R4's morning medications. ULP-C and ULP-D's employee records did not include the following required orientation content: -Overview of Assisted Living statutes -Review of provider's policies and procedures -Handling emergencies and using emergency services -Reporting maltreatment of vulnerable adults or minors -Assisted Living Bill of Rights -Handing of resident complaints, reporting of complaints, where to report -Consumer advocacy services -Review of types of Assisted Living services the employee will provide and provider's scope of license -Principles of person-centered planning/service delivery On October 23, 2025, at 10:35 a.m., licensed assisted living director (LALD)-A stated ULP-C and ULP-D had not completed assisted living orientation since the management was in transition, and this "was missed." The licensee's Employee Record's policy dated August 2021, indicated the employee record for each person would include verification of	01470		

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01470	Continued From page 6 completed orientation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01470		
01640 SS=E	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current	01640		

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01640	Continued From page 7 services provided for three of four residents (R3, 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 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: R3 R3 was admitted July 12, 2021, with diagnoses that included spinal stenosis, dementia, hypertension. On October 21, 2025, at 7:41 a.m., the surveyor observed unlicensed personnel (ULP)-H administer R3's morning medications. R3's service plan dated September 30, 2025, indicated R3 received assistance with reminders, bathing, meal set-up, dressing, grooming supervision, skin check, leg elevation, housekeeping, linen change, bed making, garbage removal, laundry, medication management, escorts, alarm device, transfer assistance, wellness check, incontinence care, and toileting. R3's October 2025, "Service Delivery Record" included the documented services listed above in addition to bed mobility assistance of one.	01640		

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01640	Continued From page 8 R3's service plan did not include bed mobility assistance of one every two hours. On October 22, 2025, at 12:56 p.m., clinical nurse supervisor (CNS)-B stated R3's services were updated on October 8, 2025, to include bed mobility as stated above and the service plan did not get updated with the revision and should have. R4 R4 was admitted January 6, 2020, with diagnoses that included acute kidney failure, type 2 diabetes, hypertension. On October 21, 2025, at 8:06 a.m., the surveyor observed ULP-D administer R4's morning medications. R4's service plan dated June 26, 2025, indicated R4 received assistance with blood sugar monitoring, weight monitoring, garbage removal, linen change, housekeeping, bed making, laundry, medication set-up, medication administration, and daily check. R4's October 2025, "Service Delivery Record" included the services listed above in addition to the services of "special instructions." R4's service plan did not include the service of "special instructions" added to switch out medication caddy's from med room weekly. In addition, a service of "special instructions" including nebulizer tubing change monthly. CNS-B stated R4 had a service of "special instructions" added to switch out medication caddy's from med room weekly starting	01640		

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01640	Continued From page 9 September 18, 2025. In addition, a service of "special instructions" including nebulizer tubing change monthly starting on October 1, 2025. CNS-B stated the service plan did not get updated with the revision and should have. R5 R5 was admitted October 30, 2024, with diagnoses that included COPD, hypertension, heart failure. On October 21, 2025, at 8:32 a.m., the surveyor observed ULP-D administer R5's morning medications. R5's service plan dated June 19, 2025, indicated R5 received assistance with bed making, housekeeping, linen change, garbage removal, laundry, medication administration, daily check, and wellness check. R5's October 2025, "Service Delivery Record" included the services listed above in addition to the services of behavioral monitoring. R5's service plan did not include behavioral monitoring. On October 23, 2025, at 10:04 a.m., CNS-B stated R5's services were updated on August 21, 2025, to include behavioral monitoring as stated above and the service plan did not get updated with the revision and should have. The licensee's Contents of a Service Plan policy revised October 2025 indicated services plans are reviewed and revised as needed based upon on-going resident assessment.	01640		

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01640	Continued From page 10 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01770 SS=F	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one resident (R4). 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) 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 October 20, 2025, at 11:30 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to the residents. R4 was admitted January 6, 2020, with	01770		

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01770	Continued From page 11 diagnoses that included acute kidney failure, type 2 diabetes, hypertension. R4's service plan dated June 26, 2025, indicated R4 received services included medication administration. R4's medication administration record (MAR) dated between October 1, 2025, and October 23, 2025, indicated R4 received the following medications: -acetaminophen 500 milligrams (mg), two tablets by mouth twice daily (for pain) -apixaban 5 mg, by mouth twice daily (blood thinner) -atorvastatin calcium 40 mg, by mouth daily (for cholesterol) -empagliflozin 10 mg, by mouth daily (for diabetes) -finasteride 5 mg, by mouth daily (prostate) -insulin glargine 100 unit/milliliter solution, inject 30 units subcutaneous twice daily (diabetes) -levothyroxine sodium 112 micrograms (mcg), by mouth daily (thyroid) -magnesium oxide 420 mg, by mouth twice daily (supplement) -metoprolol tartrate 25 mg, by mouth twice daily (blood pressure) -pantoprazole sodium 40 mg, by mouth daily (acid reflux) -polyethylene glycol 3350 powder, mix 17 grams in 8 ounces of water or juice every other day (bowels) -tamsulosin hcl 0.4 mg, by mouth daily (prostate) On October 21, 2025, at 8:06 a.m., the surveyor observed unlicensed personnel (ULP)-D take medications from a preset pill box and administer the oral medications to R4.	01770		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30391	A. BUILDING: _____ B. WING _____	10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT GARNETTE GARDENS	511 DEKALB STREET REDWOOD FALLS, MN 56283

(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
01770	Continued From page 12 R4's record lacked documentation of the dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup. On October 22, 2025, at 3:05 p.m., licensed practical nurse (LPN)-G stated they completed medication set ups for R4 and two other residents at the facility; however, LPN-G was not aware of the required documentation for the medication set ups. The licensee's Medication Management - Dosage Box Setup policy dated August 2022 indicated the licensed nurse sets up medication on weekly into the dosage boxes. When the licensed nurse has completed setting up the medications into the dosage box, the set-up is documented on the MAR. The licensed nurse will review the dosage boxes on a weekly basis to assure that all the previous week's medications were administered, and documentation is then made on the MAR. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01770		
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.	01880		

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	30391	A. BUILDING: _____ B. WING _____	10/23/2025

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VISTA PRAIRIE AT GARNETTE GARDENS	511 DEKALB STREET REDWOOD FALLS, MN 56283

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01880	Continued From page 13 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored according to the manufacturer's recommendations in one of two medication refrigerators. 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: On October 20, 2025, at 12:32 p.m., the surveyor reviewed the medication refrigerator located in the medication room with licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B. The refrigerator contained the following medications: -two bottles of lorazepam 2 milligrams/milliliter (mg/ml) oral concentrate The temperature of the locked narcotic refrigerator was not able to be obtained by the surveyor as the medication fridge did not have a thermometer inside. LALD-A and CNS-B did not know the medication fridge did not have a thermometer inside and stated the medication should be stored per manufacturer's instruction. The manufacturer guidelines for storing of lorazepam oral concentrate dated July 27, 2024,	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30391	A. BUILDING: _____ B. WING _____	10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT GARNETTE GARDENS	511 DEKALB STREET REDWOOD FALLS, MN 56283

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01880	Continued From page 14 indicated lorazepam oral concentrate must be refrigerated and protected from light. Proper storage is crucial for maintaining the medication's effectiveness and safety. Store sealed bottles in a refrigerator between 36°F and 46°F. The licensee's Storage of Medications policy dated revised October 2025 indicated medications would be stored according to manufacturer's recommendations. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical or nursing standards for one of one resident (R2) with a safety lancet. 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30391	A. BUILDING: _____ B. WING _____	10/23/2025

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VISTA PRAIRIE AT GARNETTE GARDENS	511 DEKALB STREET REDWOOD FALLS, MN 56283

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02310	Continued From page 15 or has the potential to affect a large portion or all of the residents). The findings include: R2 was admitted August 1, 2019, with diagnoses that included hypertension, type 2 diabetes, dementia. R2's Service Plan dated June 19, 2025, indicated R2 received assistance with reminders, bathing, behavior management, meal set up/cues, dressing, grooming, hearing aid, blood glucose monitoring, nail care, weights, blood pressure, garbage removal, skin check, bedmaking, linen change, laundry, housekeeping, medication administration, escorts, ambulation, transfer assist of 1, incontinence care, therapeutic exercise, and oxygen management. On October 21, 2025, at 7:04 a.m., the surveyor observed unlicensed personnel (ULP)-C administer oral morning medications and check R2's blood glucose. ULP-C discarded the one time use safety lancet in the medication cart trash basket. When the surveyor asked ULP-C if that is where she usually discarded the safety lancet, ULP-C stated yes. ULP-C was competency tested for blood glucose monitoring on December 30, 2022, by the licensee's registered nurse. On October 21, 2025, at 9:12 a.m., clinical nurse supervisor (CNS)-B stated the safety lancet should be disposed into the sharps container attached to the medication cart, and not in the garbage. The United States Food and Drug Administration	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02310	Continued From page 16 (FDA) Sharps Disposal Containers website dated April 28, 2021, recommended using a FDA approved container that was made from rigid plastic with a fill line that indicates when the container is considered full and not to let medical waste exceed past the fill line. The licensee's Disposal of Contaminated Material and Equipment policy dated September 2025 indicated any disposable equipment that is sharp, such as lancets, needles, syringes, razor blades, must be disposed of in the sharps container. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	02310		

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 GARNETTE GARD
511 DEKALB STREET
Redwood Falls, MN 56283
Redwood County
Parcel:

Phone:

License Info

License: HFID 30391

Risk:
License:
Expires on:
CFPM: Crystal G. Koepp
CFPM #: 39795; Exp: 2/26/2026

Inspection Info

Report Number: F7990251015
Inspection Type: Full - Single
Date: 10/23/2025 Time: 10:31:17 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

WE DISCUSSED EMPLOYEE ILLNESS, COOLING, HANDWASHING, BAREHAND CONTACT PREVENTION, AND NOROVIRUS.

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 F7990251015 from 10/23/2025

Benjamin D. Ische

Crystal Koepp

Ben Ische,
Public Health Sanitarian Supervisor
507-344-2710
ben.ische@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 GARNETTE GARD
Redwood Falls
County/Group: Redwood County

Inspection Info

Report Number: F7990251015
Inspection Type: Full
Date: 10/23/2025
Time: 10:31:17 AM

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

Equipment Temperature: **Product/Item/Unit:** Salad Dressing Cooler; **Temperature Process:** Ambient Air
Location: Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** Memory Care Reach In; **Temperature Process:** Ambient Air
Location: Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** Care Suites Reach In; **Temperature Process:** Ambient Air
Location: Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** Undercounter Cooler; **Temperature Process:** Ambient Air
Location: Under Counter Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Memory Care Hot Hold Beef; **Temperature Process:** Hot-Holding
Location: Steam Table at 186 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Cooking Beef; **Temperature Process:** Cooking
Location: Oven at 212 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 GARNETTE GARD
Redwood Falls
County/Group: Redwood County

Inspection Info

Report Number: F7990251015
Inspection Type: Full
Date: 10/23/2025
Time: 10:31:17 AM

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 100 PPM
Comment:
Violation Issued?: No

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