Electronically Delivered

March 25, 2026

Licensee
Mainstreet Lodge
909 Main St Northeast
Minneapolis, MN 55413

RE: Project Number(s) SL20105016

Dear Licensee:

On March 12, 2026, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on January 28, 2026. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

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

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Electronically Delivered

February 20, 2026

Licensee
Mainstreet Lodge
909 Main Street Northeast
Minneapolis, MN 55413

RE: Project Number(s) SL20105016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 28, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed

pursuant to this survey:

St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you

may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20105	A. BUILDING: _____ B. WING _____	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINSTREET LODGE	909 MAIN ST NE MINNEAPOLIS, MN 55413

(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: SL20105016-0 On January 26, 2026, through January 28, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were forty-nine (49) residents; forty-nine residents receiving services under the Assisted Living Facility license. An immediate correction order was identified on January 27, 2026, issued for SL20105016-0, tag identification 2310. During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A,	0 480		

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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 January 26, 2026, for the specific Minnesota Food Code violations. The Inspection Report will be provided to the licensee as it becomes available.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee tuberculosis (TB) testing was completed for one of two employees (unlicensed personnel (ULP)-B). 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	0 660		

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0 660	Continued From page 4 situation has occurred only occasionally). The findings include: The licensee's Facility TB Risk Assessment dated August 12, 2025, indicated the facility was at a low risk. ULP-B was hired on April 25, 2022, and began providing assisted living cares to the licensee's residents. ULP-B's employee record included Health Care Worker Tuberculosis Screening Form dates April 22, 2022, tuberculin skin testing (TST) first step dated April 22, 2022, and TST second step dated September 14, 2022. ULP-B's second step TST was completed greater than the required twenty-one (21) day timeframe. On January 27, 2026, at 4:20 p.m., licensed assisted living director (LALD)-E acknowledged ULP-B's first step TST was completed on April 22, 2022, and the second step TST on September 14, 2022. LALD-E stated their policy required the second step within 21 days, but it was missed, and " we completed second step once we caught it." The Minnesota Department of Health (MDH) guidelines Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include an annual facility TB risk assessment. The guidelines also indicated an employee may begin working with patients (residents) after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum	0 660		

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0 660	Continued From page 5 blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record. The licensee's Tuberculosis Control Program policy dated August 13, 2025, indicated employees may begin work/orientation only after a negative TB symptom screen and a negative TST (first step)/negative IGRA dated within 90 days before hire. The second step may be performed after starting work. Second step TST should be done within 1-3 weeks (7-21 days) from the first step read date. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 775 SS=E	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 775		

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0 775	Continued From page 6 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated January 27, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
02310 SS=L	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 standards, medical or nursing standards, for two of two residents (R3, R4) who utilized bed rail devices. This practice resulted in issuance of an immediate order on January 27, 2026, at approximately 4:00 p.m.	02310	During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged.	

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02310	Continued From page 7 This practice resulted in a level four violation (a violation harmed a resident's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury 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 included: R3 R3's diagnoses included postherpetic nervous system involvement (to nerve damage and chronic, often severe, neurological pain). R3's Service Plan dated January 16, 2026, indicated R3 received services to include assistance with medication administration, vital signs, homemaking, housekeeping, and meals. R3's Bedrail (Rail) Assessment dated January 12, 2026, indicated R3 used the bed rail to get in and out of bed, and risk and benefit of the use had been discussed with R3. The bed rail assessment indicated a manufacturer name of "Beloems", however there was no notation of a model number. The assessment indicated an affirmative "yes" to question #6 "Accessed Mfg Instructions". The assessment did not include an area to prompt the assessor to review the Consumer Product Safety Commission (CPSC) for recalls. On January 27, 2026, at 10:30 a.m., the surveyor observed R3's bed had a bed rail on the right side, which was not attached to the bed. The bed rail was a U-shaped with bars that extended between the mattress and box spring. The surveyor observed clinical nurse supervisor	02310		

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02310	Continued From page 8 (CNS)-C grasp the bed rail and CNS-C noted the bed rail was not secured to the bed. The bed rail moved when pushed and pulled. R3 stated she used the bed rail to get in and out of bed, and their family installed the bed rail. R3 also said the bed rail was "very wobbly" and could easily be moved. R4 R4's diagnoses included bilateral primary osteoarthritis of knee (progressive degenerative disease affecting the cartilage in both knees). R4's Service Plan dated October 6, 2025, indicated R4 received services to include assistance with vital signs, homemaking, housekeeping, and escort assistance. R4's Bedrail (Rail) Assessment dated January 16, 2026, indicated "client request, assist with bed mobility and repositioning and risk and benefit of the device's use have been discussed with client." The bed rail assessment indicated a manufacturer name of "Bed handles Inc.", however there was no notation of a model number. The assessment indicated an affirmative "yes" to question #6 "Accessed Mfg Instructions". The assessment did not include an area to prompt the assessor to review the CPSC for recalls. On January 27, 2026, at 10:20 a.m., the surveyor observed R4's bed had a bed rail on the right side, which was not attached to the bed. The bed rail was an L-shaped device with bars that extended between the mattress and box spring. The surveyor observed CNS-C grasp the bed rail and CNS-C noted the bed rail was not secured to the bed. The bed rail moved when pushed and pulled. R4 stated they used the bed rails to	02310		

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02310	Continued From page 9 reposition in bed, and their family installed the bed rail. On January 27, 2026, at 10:43 a.m., CNS-C stated the bed rails in place for R3 and R4 were installed by family members. CNS-C stated the licensee completes the bed rail assessments and education, and families were responsible for installation. CNS-C verified the bed rail devices were held in place by the weight of the mattresses, and the bed rails could easily be moved back and forth and were not secured to the bed frames. Upon request of the surveyor, CNS-C researched online for the manufacturer instructions for R3 and R4's bed rails. Upon reviewing the instructions, CNS-C then reviewed the CPSC website which indicated a warning to consumers dated April 19, 2021, to immediately stop using three models of adult portable bed rails manufactured by Bed Handles, Inc, due to an entrapment hazard and risk of asphyxia to users. CNS-C stated R4's bed rail was recalled. CNS-C printed the recall for the surveyor. CNS-C also printed an installation instruction for a bed rail with the manufacturer name of "Yajun" and represented to the surveyor that it was for R3's bed rail, however, the provided material did not match the manufacturer name on R3's assessment, which was "Beloems". On January 27, 2026, at 2:30 p.m., CNS-C stated the family installed the bed rails and the licensee was supposed to follow their policy but did not. CNS-C stated moving forward all bed rail installation would be done by their maintenance staff. On January 27, 2026, at approximately 3:45 p.m., the surveyor spoke with CNS-C about them providing the surveyor with inaccurate installation	02310		

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02310	Continued From page 10 instructions for R3's bed rail. CNS-C stated when they printed it to put in R3's record today and to give to the surveyor, they accidently printed the wrong one. The Food and Drug Administration (FDA)'s, A Guide to Bed Safety, revised July 1, 2022, included the following information: "When bed rails are used, perform an on-going assessment of the patient's (resident's) physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." The Minnesota Department of Health (MDH) Resources & Frequently - Asked Questions (FAQs) web page last updated October 13, 2025, for Consumer Bed rails read, "Unlike hospital beds, there is no current published guidance related to portable bed rails used on non-hospital style beds ("consumer beds"), so licensees should refer to individual manufacturer's guidelines for appropriate installation, maintenance and use. In addition, licensees should refer to the Consumer Product Safety Commission (CSPC) for the most up-to-date information related to portable bed side rail recall information." In addition, the FAQ indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20105	A. BUILDING: _____ B. WING _____	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAINSTREET LODGE	909 MAIN ST NE MINNEAPOLIS, MN 55413

(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
02310	Continued From page 11 the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint. Additionally, the licensee must ensure the bed rail is securely attached to the bed frame per manufacturer guidelines. This includes consideration of any identified contradictions of use such as height/weight restrictions, age, mattress, bed frame set up, etc." In addition, "Even when bed rails are used according to manufacturer's guidelines, they can present a hazard. The licensee must ensure the resident and/or resident's responsible party has been educated on the risk for injury up to and including death due to entrapment." The licensee's Devices and Device Assessment policy, dated on June 1, 2025, indicated physical devices will be reviewed for safety and used according to manufacturer's recommendations. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	02310		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

MAINSTREET LODGE
909 Main Street NE
Minneapolis, MN 55413
Hennepin County
Parcel:

Phone:
INFO@CATHOLICELDERCARE.ORG

License Info

License: HFID 20105

Risk:
License:
Expires on:
CFPM: INNIS M. GBOR
CFPM #: 45764; Exp: 3/13/2027

Inspection Info

Report Number: F1029261024
Inspection Type: Full - Single
Date: 1/26/2026 Time: 1:30:01 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 2
Total Priority 2 Orders: 2
Total Priority 3 Orders: 5
Delivery:

! **New Order: 3-100 Food Characteristics: unadulterated**
3-101.11 *Priority Level: Priority 1 CFP#: 13*
MN Rule 4626.0125 Remove all unsafe and adulterated foods from the premises.
COMMENT: BUILDUP OF BLACK MOLD AND POSSIBLE CFUs ON CUBED CHEESE IN WALK-IN COOLER. DISCARDED BY OPERATOR. OPERATOR INSTRUCTED TO BE WATCHFUL FOR SIGNS OF SPOILAGE AND CONTAMINATION AND TO DISCARD AS NEEDED.
Comply By: 1/26/2026 Originally Issued On: 1/26/2026

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-305.12 *Priority Level: Priority 3 CFP#: 39*
MN Rule 4626.0305 Do not store food in locker rooms, toilet rooms, dressing rooms, garbage rooms, mechanical rooms, under unprotected sewer lines, under leaking water lines, under water lines on which water has condensed, under open stairwells, or under other sources of contamination.
COMMENT: FOOD ITEMS UNDER LINES IN OFFICE THAT DOUBLES AS DRY STORAGE. OPERATOR INSTRUCTED TO MOVE AWAY FROM SOURCES OF CONTAMINATION.
Comply By: 2/6/2026 Originally Issued On: 1/26/2026

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-307.11 *Priority Level: Priority 3 CFP#: 39*
MN Rule 4626.0337 Protect food from miscellaneous sources of contamination.
COMMENT: PAINT PEELING AND FLECKING OFF OXIDIZED VENTILATION GRATES ABOVE DRYING RACKS. OPERATOR INSTRUCTED TO HAVE SURFACES REPAIRED OR REPLACED TO PREVENT CONTAMINATION.
Comply By: 1/30/2026 Originally Issued On: 1/26/2026

! **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: BUTTER BLEND HELD IN CONTAINER ON GRIDDLE IN DANGER ZONE. OPERATOR INSTRUCTED TO DISCARD AND TO DISCONTINUE PRACTICE WITHOUT APPROVED TPHC WITH TIME TAGGING. TPCH PRINCIPLES REVIEWED AS WAS MARGARINE.
Comply By: 1/26/2026 Originally Issued On: 1/26/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.13B *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
COMMENT: NO MIN/MAX THERMOMETER OR THERMAL STICKERS TO VERIFY HIGH HEAT IN DISHWASHER. OPERATOR INSTRUCTED TO OBTAIN AND MAINTAIN MEANS OF TEST DISHWASHER SANITIZING TEMPERATURE.
Comply By: 2/5/2026 Originally Issued On: 1/26/2026

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11A *Priority Level: Priority 2 CFP#: 16*
MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.
COMMENT: CAN OPENER AND CAN OPENER BLADE ENCRUSTED WITH DRIED ON FOOD DEBRIS AND RESIDUES. OPERATOR INSTRUCTED TO CLEAN AND MAINTAIN CLEAN.
Comply By: 1/26/2026 Originally Issued On: 1/26/2026

New Order: 4-600 Cleaning Equipment and Utensils
4-602.11E *Priority Level: Priority 3 CFP#: 16*
MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.
COMMENT: MOLD IN ICE MACHINE. OPERATOR INSTRUCTED TO CLEAN AND MAINTAIN CLEAN.
Comply By: 1/30/2026 Originally Issued On: 1/26/2026

New Order: 4-600 Cleaning Equipment and Utensils
4-602.13 *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0855 Clean all non-food-contact surfaces of equipment at a frequency necessary to preclude accumulation of soil residues.
COMMENT: BUILDUP AND RESIDUES ON BACK STAINLESS STEEL COUNTER AND WALLS NEAR FOOD PREPARATION AREAS. OPERATOR INSTRUCTED TO CLEAN AND MAINTAIN CLEAN.
Comply By: 1/30/2026 Originally Issued On: 1/26/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
COMMENT: FOOD DEBRIS AND RESIDUES UNDER COUNTERS AND STORAGE RACKS. OPERATOR INSTRUCTED TO CLEAN AND MAINTAIN CLEAN.
Comply By: 2/6/2026 Originally Issued On: 1/26/2026

Food & Beverage General Comment

FOOD AND BEVERAGE INSPECTION CONDUCTED AS PART OF HARD SURVEY OF ALF.

ESTABLISHMENT COMMERCIAL IN NATURE.

IDENTIFIED ISSUES REVIEWED WITH PERSON IN CHARGE AND NURSING SURVEYOR.

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 Metro District Office inspection report number F1029261024 from 1/26/2026

Trevor McDermott

INNIS M. GBOR
EXECUTIVE CHEF

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957
trevor.mccliment@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

MAINSTREET LODGE
Minneapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1029261024
Inspection Type: Full
Date: 1/26/2026
Time: 1:30:01 PM

New Record: Product/Item/Unit: BUTTER BLEND**; Temperature Process:** AMBIENT/WARMED
Location: ON GRIDDLE at 81 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: BUTTER PACKET**; Temperature Process:** Cold-Holding
Location: MCCALL 1-DOOR UPRIGHT at 40 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: COCKTAIL SAUCE**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: CUT MELON**; Temperature Process:** COOLING
Location: Walk-in Cooler at 44 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: BUTTER BLEND**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

MAINSTREET LODGE
Minneapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1029261024
Inspection Type: Full
Date: 1/26/2026
Time: 1:30:01 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 164 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** LACTIC ACID (DDBSA)**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 704 PPM
Comment:
Violation Issued?: No

Minnesota (MDH) Version
EH Manager; RPT: F1029261024

Food Establishment Inspection Report

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

No. of Risk Factor/Intervention/Violations	3	Date: 1/26/2026
No. of Repeat Risk Factor/Intervention/Violations		Time: 1:30:01 PM
Score (optional)		Dur: min

Establishment:	Address:	City/State:	Zip:	Phone:
MAINSTREET LODGE	909 Main Street NE	Minneapolis, MN	55413	
License/Permit #:	**Permit Holder:**	**Purpose of Inspection:**	**Est. Type:**	**Risk Category:**
HFID 20105		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable — **COS**=corrected on-site during inspection **R**=repeat violation

	Compliance Status		COS	R
	Supervision			
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	IN	Certified Food Protection Manager		
	Employee Health			
3	IN	knowledge, responsibiities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
	Good Hygienic Practices			
6	N/O	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
8	IN	Hands clean and properly washed		
9	IN	No bare hand contact with RTE foods, alternatives		
10	IN	Adequate handwashing sinks supplied and access		
	Approved Source			
11	IN	Food obtained from approved source		
12	N/O	Food Received at proper temperature		
13	OUT	Food in good condition, safe & unadulterated		
14	N/A	Records available: shellstock tags, parasite dest.		
	Protection From Contamination			
15	IN	Food separated and protected		
16	OUT	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned,& unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	N/O	Proper cooking time & temperatures		
19	N/O	Proper reheating procedures for hot holding		
20	N/O	Proper cooling time and temperature		
21	N/O	Proper hot holding temperatures		
22	OUT	Proper cold holding temperatures		
23	IN	Proper date marking & disposition		
24	N/A	Time as public health control;procedures & record		
	Consumer Advisory			
25	N/A	Consumer advisory provided for raw or undercooked foods		
	Highly Susceptible Populations			
26	IN	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additives and Toxic Substances			
27	N/A	Food additives; approved & properly used		
28	IN	Toxic substances properly identified;stored;used		
	Conformance with Approved Procedures			
29	N/A	Compliance with variance, specialized processes & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance — Mark "X" in appropriate box for COS and/or R — **COS**=corrected on-site during inspection **R**=repeat violation

			COS	R
		Safe Food and Water		
30	N/A	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34	N/O	Plant food properly cooked for hot holding		
35	IN	Approved thawing methods used		
36		Thermometers provided & accurate		
		Food Identification		
37		Food properly labeled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, & animals not present; no unauthorized person		
39	X	Contamination prevented during food prep, storage, & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
		Proper Use of Utensils		
43		In-use utensils; Properly stored		
44		Utensils, equipment & linens; properly stored, dried, handled		
45		Single-use & single-service articles, properly stored and used		
46		Gloves used properly		
		Utensils, Equipment and Vending		
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X	Warewashing facilities: installed, maintained, used; test strips		
49	X	Non-food contact surfaces clean		
		Physical Facilities		
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities; properly constructed, supplied & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55	X	Physical facilities installed, maintained & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing and plan review		

Person in Charge (signature)

Inspector (signature) Trevor McClime

Follow-up: Follow-up Date:

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL20105016-0	**Date:** 1/27/2026
Facility Name: Mainstreet Lodge	
Facility Address: 909 Main Street NE, Minneapolis MN 55413	

☒ **TAG IDENTIFICATION: 0775**

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

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

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

   Comments: Fire rated doors in the first and third floor laundry rooms did not fully close and latch.

3. The emergency power system for means of egress illumination shall provide power for not less than 30 minutes and consist of storage batteries, unit equipment, or an on-site generator. [Minn. Stat. 144G.45 subd. 2; MSFC 1104.5.3]

   Comments: The emergency lights in the kitchen, in the hall by the breakroom, first floor hall by the elevator and the second-floor landing in stair B did not function when tested.