Electronically Delivered

May 22, 2026

Licensee
Valley View Assisted Living of Lakefield
1005 Milwaukee Street
Lakefield, MN 56150

RE: Project Number(s) SL23658016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 29, 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 - 0510 - 144g.41 Subd. 3 - Infection Control Program - $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
	23658	A. BUILDING: _____ B. WING _____	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESIDENT	1005 MILWAUKEE STREET LAKEFIELD, MN 56150

(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: SL23658016-0 On April 27, 2026, through April 29, 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 16 residents; 16 receiving services under the Assisted Living Facility license. 1290: An immediate correction order was issued on April 27, 2026, at a level 3/Widespread (I). The licensee took immediate action; howerver, 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.	
0 480 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, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 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 April 28, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control for one of two employees (unlicensed personnel (ULP)-C). 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:	0 510		

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0 510	Continued From page 4 On April 27, 2026, at 11:15 a.m. during continuous observation, the surveyor noted the following: - 11:15 a.m. ULP-C set up medications for R5, entered R5's room, administered the oral medications, and returned to the medication cart. ULP-C did not wash hands or use hand sanitizer; - 11:19 a.m. ULP-C set up medications for R2, crushing the oral medications and mixing with applesauce. ULP-C asked R2 to come to the office, administered the oral medications in applesauce, put on gloves and applied diclofenac (pain relieving gel) to R2's knees. ULP-C did not wash hands or use hand sanitizer. - ULP-C then went to the attached nursing home to get the food cart, returned to the assisted living facility and began checking the temperature of the food. - 11:41 a.m. ULP-C was dishing plates of food for the residents. - 11:45 a.m. ULP-C was delivering the plates of food to the residents in the dining room. On April 28, 2026, at 11:44 a.m., clinical nurse supervisor (CNS)-B stated staff should use hand sanitizer or wash hands between residents and prior to handling the residents' food at mealtime. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to	01290		

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01290	Continued From page 5 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. (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 submitted through the Minnesota Department of Human Services (DHS) NETStudy 2.0 and received in affiliation with the assisted living license for three of three employees (billing specialist (BSP)-G, data entry (DE)-H, DE-I). This resulted in an immediate correction order on April 27, 2026. In addition, the licensee failed to ensure six of six employees (BSP-J, director of operations (DO)-K, director of nursing services (DNS)-L, regional manager (RM)-M, maintenance (M)-N, regional clinical quality (RCQ)-O) had a background study affiliation with this provider's Health Facility Identification (HFID) number 23658. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that	01290		

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01290	Continued From page 6 has affected or has potential to affect a large portion or all of the residents). The findings include: SUBMITTED BACKGROUND STUDY BSP-G BSP-G was hired on January 1, 2016, and did billing for the licensee's residents. DE-H DE-H was hired May 10, 2021, and had access to the medical records of the licensee's residents. DE-I DE-I was hired February 10, 2022, and had access to the medical records of the licensee's residents. The licensee's NETStudy 2.0 roster dated April 27, 2026, did not include BSP-G, DE-H, or DE-I. On April 27, 2026, at 3:50 p.m., licensed assisted living director (LALD)-A stated BSP-G, DE-H, and DE-I did not have background studies completed, and they would have access to financial and/or medical information for the residents. AFFILIATION OF BACKGROUND STUDY BSP-J BSP-J was hired on November 28, 2011, and did billing for the licensee's residents. The licensee's NETStudy 2.0 roster dated April 27, 2026, did not include BSP-J. BSP-J's Background Study Clearance letter was for HFID 30694, another licensee owned by the same owner.	01290		

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01290	Continued From page 7 DO-K DO-K was hired on June 4, 2012, and had access to the financial and/or medical records of the licensee's residents. The licensee's NETStudy 2.0 roster dated April 27, 2026, did not include DO-K. DO-K's Background Study Clearance letter was for HFID 21051, another licensee owned by the same owner. DNS-L DNS-L was hired on October 26, 2015, and had access to the financial and/or medical records of the licensee's residents. The licensee's NETStudy 2.0 roster dated April 27, 2026, did not include DNS-L. DNS-L's Background Study Clearance letter was for HFID 21051, another licensee owned by the same owner. RM-M RM-M was hired on September 6, 2018, and had access to the financial and/or medical records of the licensee's residents. The licensee's NETStudy 2.0 roster dated April 27, 2026, did not include RM-M. RM-M's Background Study Clearance letter was for HFID 21051, another licensee owned by the same owner. M-N M-N was hired on April 1, 2022, and performed maintenance services for the licensee's residents.	01290		

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01290	Continued From page 8 The licensee's NETStudy 2.0 roster dated April 27, 2026, did not include M-N. M-N's Background Study Clearance letter was for HFID 20568, another licensee owned by the same owner. RCQ-O RCQ-O was hired on May 15, 2025, and had access to the financial and/or medical records of the licensee's residents. The licensee's NETStudy 2.0 roster dated April 27, 2026, did not include RCQ-O. RCQ-O's Background Study Clearance letter was for HFID 00302, another licensee owned by the same owner. On April 27, 2026, at 3:50 p.m., LALD-A stated M-N worked within the facility and would have unsupervised contact with the facilities residents. LALD-A further stated the remainder of the staff would have remote access to the medical and/or financial information of the licensee's residents. The licensee's 3.38 Background Checks policy dated August 1, 2021, included the licensee would conduct a Minnesota DHS Background Study on all team members and volunteers of the licensee. No team member may have independent direct contact with any tenants or clients until acceptable result of the background study had been received. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate The licensee took immediate action; however, the	01290		

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01290	Continued From page 9 scope and level remains at I.	01290		
02320 SS=E	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered according to policy and accepted standards of practice for two of two residents (R2, R4) receiving diclofenac gel (pain relief) and for the licensee's one resident (R3) receiving insulin administration. 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: Diclofenac gel On April 27, 2026, at 11:19 a.m., unlicensed personnel (ULP)-C brought R2 to the medication	02320		

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02320	Continued From page 10 room. ULP-C put on gloves and squeezed 2 drams into the medication cup. Removed approximately half and rubbed on front and back or R2's knee, then took the remaining cream and repeated to R2's other knee. ULP-C did not use the manufacturer's measuring strip which measures in grams. On April 28, 2026, at 8:50 a.m., ULP-E brought diclofenac gel to R4's room. Squeezed some diclofenac directly on her gloved hand and rubbed it on R4's right knee. ULP-E then squeezed some diclofenac on her gloved hand and rubbed it on R4's left knee. On April 28, 2026, at 9:02 a.m., ULP-E stated she had been trained to put a good amount on her hand, lather it and put it on. ULP-E further stated "they love this stuff so I get them good", and put it on both knees and down the front of the leg. On April 28, 2026, at 9:02 a.m., the surveyor observed the diclofenac box with ULP-E. In the box was the manufacturer instructions with the measuring strip still attached, approximately half of the tube of diclofenac was used. ULP-E stated she had never seen the measuring strip and had not been trained to use it. On April 28, 2026, at 9:15 a.m., clinical nurse supervisor (CNS)-B stated staff are supposed to be using the measuring strip to measure the correct dose of diclofenac. Diclofenac prescribing information dated July 2009, included: - "To measure the right amount of Voltaren Gel (diclofenac), place the dosing card on a flat surface so that you can read the print. If the print is backwards, flip dosing card over."	02320		

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02320	Continued From page 11 - "Squeeze Voltaren Gel (diclofenac) onto the dosing card evenly, up to the 2 gram line. Make sure that the gel covers the entire 2 gram area of the dosing card". Insulin On April 28, 2026, at 8:15 a.m., the surveyor observed ULP-E administering Lantus insulin to R3. ULP-E removed the insulin pen cap and put on the pen needle. ULP-E did not clean the rubber seal prior to placing the pen needle. ULP-E administered the insulin injection into R3's abdomen and immediately removed the needle. ULP-E did not hold the needle in the skin while slowly counting to 10 after the dose was administered. On April 28, 226, at 11: a.m., the surveyor observed ULP-E administering novolog insulin to R3. ULP-E removed the insulin pen cap and put on the pen needle. ULP-E did not clean the rubber seal prior to placing the pen needle. ULP-E administered the insulin injection into R3's abdomen and immediately removed the needle. ULP-E did not hold the needle in the skin for at least six seconds after dose was administered. On April 28, 2026, at 11:44 a.m., CNS-B stated staff are trained to clean the rubber seal on insulin pen and to hold the needle in the skin for 10 seconds after injecting insulin. Staff should have administered the insulin as they were trained. Lantus' prescribing information dated November 2018, includes the following steps for administration using the insulin pen: - "Wipe the Rubber Seal with alcohol" prior to applying the pen needle; and	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23658	A. BUILDING: _____ B. WING _____	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESIDENT	1005 MILWAUKEE STREET LAKEFIELD, MN 56150

(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
02320	Continued From page 12 - after injecting - "Keep the injection button pressed all the way in. Slowly count to 10 before you withdraw the needle from the skin. This ensures that the full dose will be delivered". Novolog's prescribing information dated February 2015, includes the following steps for administration using the insulin pen: - "Wipe the rubber stopper with an alcohol swab" prior to applying the pen needle; and - after injecting - "Keep the needle in the skin for at least 6 seconds, and keep the push-button pressed all the way in until the needle has been pulled out from the skin (see diagram J). This will make sure that the full dose has been given." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

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

Valley View Assisted Living Of
1005 MILWAUKEE STREET

Lakefield, MN 56150
Jackson County
Parcel:

Phone:

License Info

License: HFID 23658

Risk:
License:
Expires on:
CFPM: Lexi Titterington
CFPM #: 61221; Exp: 9/7/2028

Inspection Info

Report Number: F7990261008
Inspection Type: Full - Single
Date: 4/28/2026 Time: 10:31:18 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery:

! **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: AT THE TIME OF INSPECTION THE REACH IN COOLER MILK AND AMBIENT TEMPERATURES WERE 46 DEGREES F. IF THE TEMPERATURE DID NOT RETURN TO BELOW 41 DEGREES F PROMPTLY AFTER A DEFROST CYCLE THE MILK MUST BE DISCARDED.
Comply By: 4/28/2026 Originally Issued On: 4/28/2026

New Order: 4-300 Equipment Numbers and Capacities
4-303.11B *Priority Level: Priority 3 CFP#: 48*
MN Rule 4626.0721B Provide chemical sanitizers to sanitize equipment and utensils during all hours of operation.
COMMENT: AT THE TIME OF INSPECTION THE ECOLAB SANITIZER DISPENSER IS READING 0 PPM. REPAIR / REPLACE AND USE THE SANITIZING WIPES IN THE INTERIM.
Comply By: 4/28/2026 Originally Issued On: 4/28/2026

Food & Beverage General Comment

WE DISCUSSED EMPLOYEE ILLNESS, HANDWASHING, AND NOROVIRUS PREVENTION MEASURES INCLUDING BAREHAND CONTACT. AN EMPLOYEE ILLNESS LOG WAS ONSITE. A FOLLOW UP INSPECTION WILL BE CONDUCTED TO ENSURE COMPLIANCE WITH THE ORDERS IN THIS REPORT.

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 F7990261008 from 4/28/2026

Benjamin D. Ische

Lexi Titterington

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

Valley View Assisted Living Of Lakefield
County/Group: Jackson County

Inspection Info

Report Number: F7990261008
Inspection Type: Full
Date: 4/28/2026
Time: 10:31:18 AM

Food Temperature: Product/Item/Unit: REACH IN COOLER MILK**; Temperature Process:** Cold-Holding
Location: Reach-in Cooler at 46 Degrees F.
Comment:
Violation Issued?: Yes

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

Sanitizer Observations/Recordings

Establishment Info

Valley View Assisted Living Of Lakefield
County/Group: Jackson County

Inspection Info

Report Number: F7990261008
Inspection Type: Full
Date: 4/28/2026
Time: 10:31:18 AM

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 0 PPM
Comment:
Violation Issued?: Yes

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 161 Degrees F.
Comment:
Violation Issued?: No

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

Valley View Assisted Living Of
1005 MILWAUKEE STREET

Lakefield, MN 56150
Jackson County
Parcel:

Phone:

License Info

License: HFID 23658

Risk:
License:
Expires on:
CFPM: Lexi Karen Titterington
CFPM #: 61221; Exp: 9/7/2028

Inspection Info

Report Number: F7990261009
Inspection Type: Follow-up - Single
Date: 5/5/2026 Time: 10:04:09 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

THIS INSPECTION WAS CONDUCTED AS A FOLLOW UP, BOTH ORDERS HAVE BEEN CLEARED.

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 F7990261009 from 5/5/2026

Benjamin D. Ische

Lexi

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

Valley View Assisted Living Of Lakefield
County/Group: Jackson County

Inspection Info

Report Number: F7990261009
Inspection Type: Follow-up
Date: 5/5/2026
Time: 10:04:09 AM

Equipment Temperature: Product/Item/Unit: GIBSON REACH IN COOLER**; Temperature Process:** Ambient Air
Location: Reach-in Cooler at 40 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

Valley View Assisted Living Of Lakefield
County/Group: Jackson County

Inspection Info

Report Number: F7990261009
Inspection Type: Follow-up
Date: 5/5/2026
Time: 10:04:09 AM

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 100 PPM
Comment:
Violation Issued?: No