Electronically Delivered

April 16, 2026

Licensee
Golden Manor Corporation
1159 Garnet Boulevard
Detroit Lakes, MN 56501

RE: Project Number(s) SL24138016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 1, 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.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Jessie Chenze

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24138	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN MANOR CORPORATION	1159 GARNET BOULEVARD DETROIT LAKES, MN 56501

(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: SL24138016-0 On March 30, 2026, through April 1, 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 20 residents; 20 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.	
0 480 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 March 30, 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=D	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 ensure services were provided according to accepted health care, medical, or nursing standards in regard to infection control during medication administration for one of four employees (unlicensed personnel (ULP)-E). 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).	0 510		

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0 510	Continued From page 4 The findings include: During the entrance conference on March 30, 2026, at 9:16 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. ULP-E's employee record indicated ULP-E was trained on handwashing and standard precautions on March 3, 2026. On March 30, 2026, at 11:42 a.m., the surveyor observed ULP-E put on gloves, entered R2's room, completed a blood glucose check for R2, placed the lancet needle in the sharps container, removed gloves, and returned to the medication room to document R2's blood glucose reading. ULP-E put on gloves and proceeded to complete R2's scheduled medication administration. The surveyor did not observe ULP-E complete hand hygiene before or after putting on and removing gloves. On March 30, 2026, at 2:27 p.m., ULP-E stated ULP-E was trained on hand hygiene and infection control when ULP-E was hired. ULP-E further stated ULP-E did not complete hand hygiene in between glove changes during the observation with R2. ULP-E stated ULP-E was supposed to complete hand hygiene in between residents and with all glove changes. On March 31, 2026, at 1:37 p.m., CNS-B stated ULPs were trained on infection control upon hire and annually. CNS-B further stated hand hygiene was expected to be completed before and after putting on and taking off gloves. The licensee's Hand Washing policy dated August 1, 2021, indicated when conducting a	0 510		

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0 510	Continued From page 5 procedure requiring the use of gloves, proper hand washing shall be completed before donning (putting on) gloves and after removing gloves. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
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 observation, interview, and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH), including completion of a TB screen and two-step TST (tuberculin skin test) or other	0 660		

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0 660	Continued From page 6 evidence of TB screening such as a blood test for one of three employees (licensed practical nurse (LPN)-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 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: During the entrance conference on March 30, 2026, at 9:10 a.m., clinical nurse supervisor (CNS)-B stated the licensee was familiar with current minimum assisted living requirements. The licensee's Facility TB Risk Assessment Worksheet for Health Care Settings Licensed by MDH was completed on May 23, 2025, and the facility was determined to be a low risk level. LPN-C was hired on September 23, 2024, to provide direct care services to residents and supervision of staff at the assisted living with dementia care facility. Throughout the survey on March 30, 2026, through April 1, 2026, the surveyor observed LPN-C assisting residents and staff. LPN-C's employee record contained a negative Employee Tuberculosis Screening dated September 23, 2024. LPN-C had the first TST administered on September 23, 2024, and read on September 25, 2024. LPN-C had the second	0 660		

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0 660	Continued From page 7 TST administered on October 9, 2024, and read on October 11, 2024, however, both TSTs lacked documentation of the time the TST was administered and the time the TST was read. On March 31, 2026, at 1:40 p.m., CNS-B stated a TST was read 48 to 72 hours after administration. CNS-B further stated the licensee's previous TST form did not have a section to document the time the TST was administered or read, however, the licensee had implemented a new form to include documenting the time of administration and reading of the TST in the summer of 2025. The licensee's TB Plan, Staff Screening, Resident Assessment policy dated August 1, 2021, indicated new staff shall have a two-step Mantoux (TST) conducted with results documented on the Baseline TB Screening Tool for HCWs (Health Care Workers) (form included documentation of time TST administered and time TST read). In addition, after a TST is administered, the TB test is read 48 to 72 hours later. The MDH TB Screening and Education Requirements for Assisted Living Facilities and Home Care Providers dated February 3, 2022, indicated baseline TB screening is required at the time of hire for all health care personnel in Minnesota. Baseline TB screening includes assessing for current symptoms of active TB disease; assessing TB history; and testing for the presence of infection with Mycobacterium TB by administering either a two-step TB skin test or a single TB blood test. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 660		

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0 660	Continued From page 8 (21) days	0 660		
01880 SS=F	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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of two refrigerators (memory care [dementia care] (MC) refrigerator, assisted living (AL) refrigerator) storing medications maintained an acceptable temperature and medications were stored according to manufacturer's recommended temperature. 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: During the entrance conference on March 30, 2026, at 9:16 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. MC REFRIGERATOR	01880		

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01880	Continued From page 9 On April 1, 2026, at 9:01 a.m., the surveyor observed the MC medication refrigerator, located in the locked medication room, with unlicensed personnel (ULP)-H. ULP-H stated the current temperature was 34 degrees Fahrenheit (F). The MC medication refrigerator contained the following medication: -six unopened Lantus 100 units/milliliter (mL)- 3 mL insulin pens for R12; -three unopened Novolog 100 units/mL- 3 mL insulin pens for R12; -three unopened Lantus 100 units/mL- 3mL insulin pens for R11; and -50 unopened stock supply of Bisacodyl 10 milligram (mg) suppositories. Immediately following the observation, the surveyor reviewed the manufacturer's instructions on the box for bisacodyl suppositories with ULP-D. ULP-D stated the instructions indicated to store the bisacodyl suppositories between 68 degrees F to 77 degrees F. The licensee's Chore Recap by Specific Chore dated March 1, 2026, through March 31, 2026, indicated the MC medication refrigerator temperature was expected to be documented every night. Medication refrigerator temperature 36 degrees F to 46 degrees F. If temperature is outside of appropriate range, please identify action taken. The Chore Recap by Specific Chore chart included the following entries: -March 13, 2026, the MC refrigerator temperature was 50 degrees F. Action: B- Raised temp (temperature). No follow up to the refrigerator temperature was noted. -March 27, 2026, the MC refrigerator temperature was not documented. Action: A-None. -March 28, 2026, the MC refrigerator temperature was not documented. Action: A-None.	01880		

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01880	Continued From page 10 -March 31, 2026, the MC refrigerator temperature was not documented. AL REFRIGERATOR On April 1, 2026, at 9:08 a.m., the surveyor observed the AL medication refrigerator, located in the locked medication room, with ULP-G. ULP-G stated the current temperature was 44 degrees F. The AL medication refrigerator contained the following medication: -10 unopened Lantus 100 units/mL- 3 mL insulin pens for R5; and -10 unopened Novolog 100 units/mL- 3 mL insulin pens for R2. The licensee's Chore Recap by Specific Chore dated March 1, 2026, through March 31, 2026, indicated the AL medication refrigerator temperature was expected to be documented every night. Medication refrigerator temperature 36 degrees F to 46 degrees F. If temperature is outside of appropriate range, please identify action taken. The Chore Recap by Specific Chore chart included the following entries: -March 2, 2026, the AL refrigerator temperature was not documented. Action: A-None. -March 3, 2026, the AL refrigerator temperature was not documented. Action: A-None. -March 5, 2026, the AL refrigerator temperature was not documented. Action: A-None. -March 11, 2026, the AL refrigerator temperature was not documented. Action: A-None. -March 12, 2026, the AL refrigerator temperature was not documented. Action: A-None. -March 15, 2026, the AL refrigerator temperature was not documented. Action: A-None. -March 16, 2026, the AL refrigerator temperature was not documented. Action: A-None. -March 17, 2026, the AL refrigerator temperature was not documented. Action: A-None.	01880		

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01880	Continued From page 11 -March 18, 2026, the AL refrigerator temperature was not documented. Action: A-None. -March 20, 2026, the AL refrigerator temperature was 34 degrees F. No action taken. -March 22, 2026, the AL refrigerator temperature was not documented. Action: A-None. -March 24, 2026, the AL refrigerator temperature was 33 degrees F. No action taken. -March 26, 2026, the AL refrigerator temperature was not documented. Action: A-None. -March 28, 2026, the AL refrigerator temperature was not documented. Action: A-None. -March 30, 2026, the AL refrigerator temperature was not documented. Action: A-None. -March 31, 2026, the MC refrigerator temperature was not documented. On April 1, 2026, at 9:57 a.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A stated ULPs were expected to document the actual temperature of each medication refrigerator every night and notify director of maintenance (DM)-D if the refrigerator temperature was out of range. CNS-B further stated if the medication refrigerators were out of range, ULPs were able to adjust the refrigerator temperature, however, a follow up to the refrigerator temperature was expected to ensure the medication refrigerator temperature was between 36 degrees F to 46 degrees F. The manufacturer's instructions for Lantus dated May 2019, indicated to store unopened Lantus in the refrigerator at 36 degrees F to 46 degrees F. Do not allow Lantus to freeze. The manufacturer's instructions for Novolog dated February 2015, indicated to store unopened Novolog in the refrigerator at 36 degrees F to 46 degrees F. Do not allow Novolog	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24138	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN MANOR CORPORATION	1159 GARNET BOULEVARD DETROIT LAKES, MN 56501

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01880	Continued From page 12 to freeze. The manufacturer's instructions for Bisacodyl Suppository dated November 21, 2022, indicated to store Bisacodyl Suppository at room temperature between 59 degrees F to 86 degrees F. The licensee's Storage of Medication policy dated August 1, 2021, indicated medications would be stored consistent with manufacturer's recommendations. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given,	01910		

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01910	Continued From page 13 date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record all required content for disposition of the medications for one of one resident (R1) upon discharge. 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: During the entrance conference on March 30, 2026, at 9:16 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. The licensee's Discharged Resident/Client Roster dated January 1, 2026, through March 30, 2026, indicated R1 was admitted to the facility on December 16, 2025, and discharged on March 4, 2026. R1's diagnoses included chronic obstructive pulmonary disease (COPD- difficult breathing), hypertension (HTN- high blood pressure), and congestive heart failure (CHF). R1's Addendum to Contract- Waiver- MN	01910		

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01910	Continued From page 14 (Minnesota) (service plan) dated August 6, 2025, indicated R1 received medication administration services seven times per day. R1's Med (medication) Admin (Administration) Summary- Date Range dated February 2026, and March 2026, respectively, indicated R1 received or could be administered the following medications: -ipratropium-albuterol (for COPD) 0.5-2.5 milligrams (mg)/3 milliliters (mL) every four hours -Metolazone (for CHF) 2.5 mg three times per week -aspirin (for heart health) 81 mg daily -Bumetanide (for edema) 3 mg twice daily -ferrous gluconate (for anemia) 324 mg every two days -gabapentin (for neuropathy) 600 mg twice daily -losartan (antihypertensive) 12.5 mg daily -magnesium oxide (supplement) 400 mg daily -metoprolol (antihypertensive) 50 mg daily -multivitamin (supplement) one tablet daily -Prednisone (for COPD) 5 mg daily -psyllium dietary fiber (supplement) 28.3% daily -Spironolactone (for hypertension) 50 mg daily -Theophylline ER (for COPD) 600 mg daily -Tolterodine ER (for urinary incontinence) 2 mg daily -vitamin C (supplement) 500 mg daily -vitamin D3 (supplement) 50 mcg daily -Wixela (for COPD) 500-50 one puff twice daily -Pantoprazole (for acid reflux) 40 mg daily -Atrovent (for COPD) one vial four times per day as needed R1's prescriber orders dated January 21, 2026, and January 22, 2026, respectively, included the above noted medications. R1's Discharge Care Plan dated March 4, 2026,	01910		

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	24138	A. BUILDING: _____ B. WING _____	04/01/2026

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01910	Continued From page 15 indicated R1 was transferred to a nursing home per R1's request. R1's Medication Disposition- Resident dated March 1, 2026, through March 4, 2026, included all medications noted above, however, lacked the prescription number for Atrovent. On April 1, 2026, at 9:53 a.m., CNS-B stated the licensee was aware prescription numbers were required, if applicable, in the medication disposition documentation. CNS-B further stated R1 had come to the facility with Atrovent, however, the prescription number was not entered into R1's electronic medical record. The licensee's Disposal of Medication policy dated August 1, 2021, indicated documentation of the medication disposition would include the prescription number as applicable. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
02310 SS=D	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	02310		

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02310	Continued From page 16 review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards with regards to safely storing oxygen for one of 10 oxygen cylinders. 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: During the entrance conference on March 30, 2026, at 9:10 a.m., clinical nurse supervisor (CNS)-B stated the licensee was familiar with current minimum assisted living requirements. On March 30, 2026, at 10:14 a.m., the surveyor toured the facility with director of maintenance (DM)-D and observed one oxygen cylinder tank sitting upright in the oxygen storage closet not stored in a rack or secured. DM-D stated DM-D was not sure why the oxygen cylinder was not secured in a rack like the other nine oxygen cylinder tanks located in the oxygen closet. On March 30, 2026, at 10:59 a.m., CNS-B stated an unlicensed personnel (ULP) had deep cleaned a resident room overnight and had placed the oxygen tank in the oxygen closet. CNS-B further stated the oxygen tank was brought to the facility by the resident's family and was an extra oxygen tank the resident had used for transport. CNS-B stated oxygen tanks were supposed to be	02310		

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02310	Continued From page 17 secured in racks. The licensee's Oxygen policy dated August 1, 2021, indicated oxygen cylinders and vessels must remain upright at all times in a tank holder. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

Fergus Falls District Office
Minnesota Department of Health
2313 College Way
Fergus Falls , MN 56537
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

GOLDEN MANOR CORPORATION
1159 GARNET BOULEVARD
Detroit Lakes, MN 56501
Becker County
Parcel:

Phone:

License Info

License: HFID 24138

Risk:
License:
Expires on:
CFPM: KARI ANDERSON
CFPM #: CFPM-64463; Exp: 1/30/2029

Inspection Info

Report Number: F1064261039
Inspection Type: Full - Single
Date: 3/30/2026 Time: 11:30:01 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery: Emailed

! **New Order: 3-300B Protection from Contamination: cross-contamination, eggs**
3-302.11A(2) *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0235A(2) Separate types of raw animal foods from other raw animal foods during storage, preparation and display based on cook temperature.
COMMENT: STORAGE OF RAW EGGS WAS ABOVE PRODUCE. STORE EGGS AND OTHER RAW FOODS ON THE BOTTOM OF THE REFRIGERATOR.
Comply By: 3/30/2026 Originally Issued On: 3/30/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: Chlorine sanitzer test strips were not available and the sanitzer in the memory unit was over allowable concentration limits of 100ppm. Educated staff and bottle of sanitizer was dumped while on site and corrected. Staff stated they would order test strips from food vendor.
Comply By: 3/30/2026 Originally Issued On: 3/30/2026

Food & Beverage General Comment

1. The Certified Food Manager should be routinely conducting self-inspections to ensure that employees are following proper food handling practices.

2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up-to-date employee illness log.

3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.

4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Fergus Falls District Office inspection report number F1064261039 from 3/30/2026

Kimberly Bredeson

KARI ANDERSON
CFPM

Kim Bredeson,
Public Health Sanitarian 2
218-332-5144
kimberly.bredeson@state.mn.us

Fergus Falls District Office
Minnesota Department of Health
2313 College Way
Fergus Falls , MN 56537

Temperature Observations/Recordings

Establishment Info

GOLDEN MANOR CORPORATION
Detroit Lakes
County/Group: Becker County

Inspection Info

Report Number: F1064261039
Inspection Type: Full
Date: 3/30/2026
Time: 11:30:01 AM

Food Temperature: Product/Item/Unit: SOUR CREAM-UPRIGHT FRIDGE- WEST BUILDING**; Temperature Process:** Cold-Holding
Location: UPright Cooler at 40 Degrees F.
Comment: NOTED TO STAFF TO KEEP CLOSE EYE ON TEMP SO IT DOES NOT GET ABOVE 40F.
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK-UPRIGHT-EAST BUILDING**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: RIBS PORK**; Temperature Process:** Hot-Holding
Location: STOVE at 197 Degrees F.
Comment:
Violation Issued?: No

Fergus Falls District Office
Minnesota Department of Health
2313 College Way
Fergus Falls , MN 56537

Sanitizer Observations/Recordings

Establishment Info

GOLDEN MANOR CORPORATION
Detroit Lakes
County/Group: Becker County

Inspection Info

Report Number: F1064261039
Inspection Type: Full
Date: 3/30/2026
Time: 11:30:01 AM

Sanitizing Chemical: Product: Chlorine**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Greater Than** 200 PPM
Comment: TOO CONCENTRATED INSTRUCTED TO REMIX AND USE TEST STRIPS.
Violation Issued?: Yes

Sanitizing Chemical: Product: Chlorine**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Equal To** 100 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: Product: Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 160 Degrees F.
Comment: MINIMUM TEMP REQUIRED IS 160F ENSURE TEMP DOES NOT DROP BELOW 160F.
Violation Issued?: No

Sanitizing Equipment: Product: Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 160 Degrees F.
Comment: MINIMUM TEMP REQUIRED IS 160F ENSURE TEMP DOES NOT DROP BELOW 160F.
Violation Issued?: No