Electronically Delivered

August 18, 2025

Licensee
The Meadows Of Karlstad
306 Washington Avenue West
Karlstad, MN 56732

RE: Project Number(s) SL30476016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 2, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

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

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00
St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is**

$1,000.00. 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,

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
	30476	A. BUILDING: _____ B. WING _____	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS OF KARLSTAD	306 WASHINGTON AVENUE WEST KARLSTAD, MN 56732

(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: SL30476016-0 On July 1, 2025, through July 2, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 19 residents; 19 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

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0 775	Continued From page 1 Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the requirements of the Minnesota State Fire Code. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: On a facility tour on July 2, 2025, from 10:45 a.m. to 12:30 p.m., with director of maintenance (DM)-E, the following observations were made of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511: There were delayed egress locking systems with special locking arrangements and controlling egress at all marked exit doors leading to the exterior exit path in the building. There was not an emergency release switch in the nurse station or other approved location to release all delayed egress doors to the open position in order for occupants to exit immediately without delay in the event of an emergency in the building. It was explained to DM-E, that an emergency	0 775		

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0 775	Continued From page 2 release switch to immediately release to open all delayed egress doors is required to be installed at the nurse station or other approved location. During record review and interview on July 2, 2025, at 10:20 a.m., licensed assisted living director (LALD)-A, and DM-E, stated procedures of operation of the delayed egress locking system were not included in the facility Fire Safety and Evacuation Plan (FSEP). It was explained to LALD-A and DM-E, that procedures for operation of the delayed egress locking system are required to be included in writing in the FSEP in accordance with MSFC in Minnesota Rules Chapter 7511. The fire-resistant rated door leading into the commercial laundry room was altered and did not have a closer installed to automatically close and latch the door. It was explained to DM-E, the fire-resistant rated door of the laundry room is required to be maintained with a door closer to automatically close and latch the door to prevent the spread of smoke and fire to the exit corridor in the event of a fire in the laundry room. There was an air transfer opening through the wall of the commercial laundry room communicating with the exit corridor that was not provided with a fire damper. It was explained to DM-E, that openings in fire-resistant rated walls are required to be provided with fire damper protection to prevent the spread of smoke and fire to the exit corridor in the event of a fire in the laundry room. The fire sprinkler head was partially above the surface of the ceiling outside the commercial laundry room near a patch in the ceiling. It was	0 775		

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0 775	Continued From page 3 explained to DM-E, that sprinkler heads are required to be located below the ceiling so the flow of water and collection of heat to activate the head are not affected. During the facility tour DM-E, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;	0 780		

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0 780	Continued From page 4 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to interconnected smoke alarms and hardwired replacement smoke alarms throughout the facility. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: INTERCONNECTION/ POWER SOURCE On a facility tour on July 2, 2025, from 10:45 a.m. to 12:30 p.m., with director of maintenance (DM)-E, it was observed that smoke alarms were not interconnected so activation of one alarm activates all alarms in resident rooms 108 and 111 and the existing hardwired smoke alarms were replaced with battery only powered smoke alarms. During the tour DM-E, stated that all existing hardwired smoke alarms in the facility were recently removed and replaced with battery power only non-interconnected smoke alarms. It was explained to DM-E, that all dwelling units required to have multiple smoke alarms are	0 780		

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0 780	Continued From page 5 required to have interconnected alarms so activation of one alarm activates all alarms within the dwelling unit. It was also explained to DM-E, that replaced existing hardwired smoke alarms are required to be maintained as hardwired in accordance with MSFC in Minnesota Rules Chapter 7511. During the tour the smoke alarms were tested and DM-E, verified the smoke alarms were not interconnected so activation of one alarm activates all alarms throughout the facility and the existing hardwired smoke alarms were replaced with battery only powered smoke alarms. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
01770 SS=D	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of two residents (R6). 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	01770		

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01770	Continued From page 6 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 July 1, 2025, at 11:11 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. R6's diagnoses included hypertension (HTN-high blood pressure) and chronic pain syndrome. R6's Addendum A-Service Agreement (service plan) dated May 16, 2025, indicated R6 received medication set-up by a registered nurse (RN) or licensed practical nurse (LPN) every 28 days. R6's prescriber orders dated October 1, 2024, included an order for salmon oil capsules (supplement)- take one capsule by mouth daily. On July 2, 2025, at 6:56 a.m., the surveyor observed unlicensed personnel (ULP)-D complete scheduled morning medication administration for R6. ULP-D removed a weekly medication planner (a medication box with designated compartments for days and times), which contained R6's salmon oil capsule. Each day of the week contained one salmon oil capsule. ULP-D stated CNS-B set up R6's salmon oil capsules in the weekly medication planner. R6's Service Checkoff List dated June 2025, contained a line that had written Mediation Set-up by RN/LPN, nurse will set up R6's salmon oil for 28 days in individual weekly labeled medication	01770		

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01770	Continued From page 7 boxes (planner). On June 3, 2025, CNS-B initialed the medication set-up was completed. R6's records lacked documentation for medication setup at the time of setup to include the quantity of dose, times to be administered, and the route of administration. On July 2, 2025, at 2:02 p.m., CNS-B stated R6's record lacked the dosage, route, and time to be administered for R6's salmon oil capsules. CNS-B further stated when CNS-B setup multiple medications for residents, CNS-B documented on the resident MAR to include all required content, however, CNS-B had documented R6's salmon oil capsules under services instead of R6's MAR. The licensee's Medication Administration (144G.71) policy dated June 1, 2023, indicated when the licensed nurse has completed setting up the medications into the dosage box (planner), the set-up is documented on the MAR (medication administration record). The policy did not address what content the licensed nurse would document on the MAR. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01770		

Bemidji District Office
Minnesota Department of Health
706 5th St NW, Suite A
Bemidji, MN 56601
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

The Meadows
306 Washington Avenue West
Karlstad, MN 56732
Kittson County
Parcel:

Phone:

License Info

License: HFID 30476

Risk:
License:
Expires on:
CFPM: Cindy L. Sanden
CFPM #: FM27945; Exp: 11/10/2026

Inspection Info

Report Number: F1002251027
Inspection Type: Full - Single
Date: 7/2/2025 Time: 11:00:00 AM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

This assisted living receives three meals a day from the main campus kitchen. This establishment does not conduct any cooling processes as leftover food is returned to the main kitchen following service.

Discussed:

Handwashing

Employee Illness

Safe cleaning, sanitizing and warewashing

Serving highly susceptible populations

Thermometer calibration - method and frequency

Additional note:
This establishment is in the process of planning to update the kitchen. Please contact MDH with additional information as discussed prior to beginning construction (layout, equipment list, etc.). Please also note that all plumbing and electrical work must be completed by a licensed professional. Depending on the changes made, plan review/inspection may be required with the MN Department of Labor and Industry (MN DLI).

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 Bemidji District Office inspection report number F1002251027 from 7/2/2025

Cassandra Hua

Administrator
The Meadows of Karlstad

Cassandra Hua, REHS
Public Health Sanitarian 3

218-308-2142
cassandra.hua@state.mn.us

Bemidji District Office
Minnesota Department of Health
706 5th St NW, Suite A
Bemidji, MN 56601

Temperature Observations/Recordings

Establishment Info

The Meadows
Karlstad
County/Group: Kittson County

Inspection Info

Report Number: F1002251027
Inspection Type: Full
Date: 7/2/2025
Time: 11:00:00 AM

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: DOMESTIC REFRIGERATOR at 39 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT TEMP**; Temperature Process:**
Location: DOMESTIC FREEZER at Degrees F.
Comment: FROZEN SOLID
Violation Issued?: No

Food Temperature: Product/Item/Unit: HOT ITEMS (MEATBALLS, MASHED POTATOES, CREAMED CORN)**;**
Temperature Process: Hot-Holding
Location: Serving Line at 140+ Degrees F.
Comment:
Violation Issued?: No

Bemidji District Office
Minnesota Department of Health
706 5th St NW, Suite A
Bemidji, MN 56601

Sanitizer Observations/Recordings

Establishment Info

The Meadows
Karlstad
County/Group: Kittson County

Inspection Info

Report Number: F1002251027
Inspection Type: Full
Date: 7/2/2025
Time: 11:00:00 AM

Sanitizing Chemical: Product: L-1XE LOW TEMP CHEMICAL DISH MACHINE**; Sanitizing Process:** Dish Machine
Location: Equal To 50 PPM
Comment:
Violation Issued?: No

Minnesota (MDH) Version
EH Manager; RPT: F1002251027

Food Establishment Inspection Report

Bemidji District Office
Minnesota Department of Health
706 5th St NW, Suite A
Bemidji, MN 56601

No. of Risk Factor/Intervention/Violations	0	Date: 7/2/2025
No. of Repeat Risk Factor/Intervention/Violations		Time: 11:00 AM
Score (optional)		Dur: min

Establishment:	Address:	City/State:	Zip:	Phone:
The Meadows	306 Washington Avenue West	Karlstad, MN	56732	
License/Permit #:	**Permit Holder:**	**Purpose of Inspection:**	**Est. Type:**	**Risk Category:**
HFID 30476		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

Mark "X" in appropriate box for COS and/or R

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	IN	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	IN	Food Received at proper temperature		
13	IN	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	IN	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/A	Proper cooling time and temperature		
21	IN	Proper hot holding temperatures		
22	IN	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	IN	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	N/O	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		Contamination prevented during food prep, storage, & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

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		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		Warewashing facilities: installed, maintained, used; test strips		
49		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		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) Cassandra Hua

Follow-up: Follow-up Date: