



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 30, 2026

Licensee

Milaca Elim Meadows Assisted Living

740 2nd Street Southeast

Milaca, MN 56353

RE: Project Number(s) SL30529016

Dear Licensee:

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

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;

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

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

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

factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MILACA ELIM MEADOWS ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 740 2ND STREET SE MILACA, MN 56353
---	--

(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	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL30529016-0</p> <p>On May 26, 2026, through May 28, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 33 residents; 17 receiving services under the Assisted Living Facility license.</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 510 SS=F	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and</p>	0 510		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MILACA ELIM MEADOWS ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 740 2ND STREET SE MILACA, MN 56353
---	--

(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
--------------------	--	---------------	---	--------------------

0 510	<p>Continued From page 1</p> <p>maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(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.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>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 to comply with accepted health care, medical, and nursing standards for infection control for one of three employees (unlicensed personnel/ULP-E). This had the potential to affect all the licensee's residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On May 27, 2026, at 6:55 a.m., the surveyor observed ULP-E perform a blood glucose check for R2 in his apartment. ULP-E performed hand hygiene and placed gloves on her hands, wiped</p>	0 510		
-------	---	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MILACA ELIM MEADOWS ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 740 2ND STREET SE MILACA, MN 56353
---	--

(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
--------------------	--	---------------	---	--------------------

0 510	<p>Continued From page 2</p> <p>the left thumb with an alcohol wipe, poked the left thumb with a lancet, and placed a sample on the glucometer test strip. ULP-E then held the wipe on the thumb, disposed of the lancet in the sharps container, removed her gloves, typed the result in the electronic record on her phone which was on top of the cabinet, placed supplies in the cabinet, tossed her gloves in the trash, and at this time, washed her hands at the sink. After exiting the room, ULP-E stated she had not performed any hand hygiene after performing the blood glucose check before touching the cabinet and the phone, but should have. In addition, ULP-E stated the phone is taken from room to room to access the electronic record, and she cleans it occasionally through the day with some hand sanitizer.</p> <p>On May 27, 2026, at 7:10 a.m., clinical nurse supervisor (CNS)-A stated staff are expected to perform hand hygiene after performing a blood glucose check and each time gloves are removed.</p> <p>The licensee's Hand Washing/Hand Hygiene policy dated July 2, 2025, noted hand hygiene should be performed after removing gloves.</p> <p>The Center of Disease Control (CDC) Core Infection Prevention and Control Practices regarding hand hygiene dated November 29, 2022, recommends healthcare personnel should use an alcohol-based rub or wash with soap and water for the following clinical indications: immediately before touching a patient, before performing aseptic task or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood,</p>	0 510		
-------	---	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MILACA ELIM MEADOWS ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 740 2ND STREET SE MILACA, MN 56353
---	--

(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
0 510	Continued From page 3 body fluids, or contaminated services, and immediately after glove removal. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 775 SS=D	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated May 27, 2026, for the specific violations related the physical environment under Minnesota Statute	0 775		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MILACA ELIM MEADOWS ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 740 2ND STREET SE MILACA, MN 56353
---	--

(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
0 775	Continued From page 4 144G. TIME PERIOD FOR CORRECTION: Seven (7) Days	0 775		
0 810 SS=C	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MILACA ELIM MEADOWS ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 740 2ND STREET SE MILACA, MN 56353
---	--

(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
--------------------	--	---------------	---	--------------------

0 810	<p>Continued From page 5</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated May 27, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) Days</p>	0 810		
01820 SS=D	<p>144G.71 Subd. 13 Prescriptions</p> <p>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.</p> <p>This MN Requirement is not met as evidenced</p>	01820		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MILACA ELIM MEADOWS ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 740 2ND STREET SE MILACA, MN 56353
---	--

(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
--------------------	--	---------------	---	--------------------

01820	<p>Continued From page 6</p> <p>by: Based on observation, interview, and record review, the licensee failed to ensure complete written or electronically recorded prescriptions were obtained for one of three residents (R3).</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on May 26, 2026, at 9:35 a.m., clinical nurse supervisor (CNS)-A and licensed assisted living director (LALD)-G stated the licensee provided medication management services to residents at the facility.</p> <p>On May 27, 2026, at 7:40 a.m., the surveyor observed unlicensed personnel (ULP)-E administer medications to R3 in his room.</p> <p>R3's prescriber orders dated May 12, 2026, included: - "Senna 1 tab [tablet] daily - repeat prn [as needed].</p> <p>R3's May 2026, Medication Sheet noted: - Senna 8.6 milligram (mg). Take one tablet by mouth daily; and - Senna 8.6 mg. Take one tablet by mouth once a day as needed.</p> <p>On May 27, 2026, at 12:42 p.m., CNS-A stated</p>	01820		
-------	---	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MILACA ELIM MEADOWS ASSISTED L	STREET ADDRESS, CITY, STATE, ZIP CODE 740 2ND STREET SE MILACA, MN 56353
---	--

(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
01820	<p>Continued From page 7</p> <p>the Senna orders lacked the dose and the prn order lacked the dose and frequency to be administered.</p> <p>The licensee's Medication or Physician Orders-Implementation of policy dated October 20, 2025, noted medication orders must contain the name of the medication, dose, frequency, route, and direction for use. It also noted prn medication orders must include the indications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01820		



St Cloud District Office
 Minnesota Department of Health
 4140 Thielman Lane, Suite 101
 St Cloud, MN 56301
 Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info	License Info	Inspection Info
MILACA ELIM MEADOWS ASSISTED L 740 2ND STREET SE Milaca, MN 56353 Parcel: Phone: KATHYANN.LANGLIE@LASSIALIFE.ORG	License: HFID 30529 Risk: License: Expires on: CFPM: DAWN MEDEMA CFPM #: 38855; Exp: 2/2/2029	Report Number: F1037261142 Inspection Type: Full - Single Date: 5/26/2026 Time: 11:30:36 AM Duration: minutes Announced Inspection: No <u>Total Priority 1 Orders: 0</u> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 0</u> <u>Delivery: Emailed</u>

No orders were issued for this inspection report.

Food & Beverage General Comment

DISCUSSED MENU, WIPING CLOTHS, DISHWASHING, EMPLOYEE ILLNESS RECORDING, AND BARE HAND CONTACT. ALL DISHES ARE WASHED IN THE SKILLS KITCHEN, LOCATED IN THE ADJACENT BUILDING. ALL FOOD IS COOKED AND PORTIONED ONTO INDIVIDUAL PLATES FOR IMMEDIATE SERVICE IN THE SKILLS KITCHEN. NO COOLING OR REHEATING IS COMPLETED IN THE ASSISTED LIVING SERVING KITCHEN. ALL ANIMAL FOODS ARE COOKED TO FULLY DONE AND ONLY PASTEURIZED EGGS ARE USED.

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 St Cloud District Office inspection report number F1037261142 from 5/26/2026

DAWN

Michelle Hovanes,
 Public Health Sanitarian 2
 320-223-7307
 michelle.hovanes@state.mn.us



St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Temperature Observations/Recordings

Page: 1

Establishment Info

MILACA ELIM MEADOWS ASSISTED L
Milaca
County/Group:

Inspection Info

Report Number: F1037261142
Inspection Type: Full
Date: 5/26/2026
Time: 11:30:36 AM

Food Temperature: Product/Item/Unit: JUICE; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: CHICKEN WITH MASHED POTATOES AND GRAVY; **Temperature Process:**

Receiving

Location: Cambro at 150 Degrees F.

Comment:

Violation Issued?: No



St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Sanitizer Observations/Recordings

Page: 1

Establishment Info

MILACA ELIM MEADOWS ASSISTED L
Milaca
County/Group:

Inspection Info

Report Number: F1037261142
Inspection Type: Full
Date: 5/26/2026
Time: 11:30:36 AM

Sanitizing Chemical: Product: Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

Location: Kitchen **Equal To** 400 PPM

Comment:

Violation Issued?: No

Food Establishment Inspection Report

<p>St Cloud District Office Minnesota Department of Health 4140 Thielman Lane, Suite 101 St Cloud, MN 56301</p>	No. of Risk Factor/Intervention/Violations	0	Date: 5/26/2026
	No. of Repeat Risk Factor/Intervention/Violations		Time: 11:30:36 AM
	Score (optional)		Dur: min
Establishment: MILACA ELIM MEADOWS ASSISTED L	Address: 740 2ND STREET SE	City/State: Milaca, MN	Zip: 56353
License/Permit #: HFID 30529	Permit Holder:	Purpose of Inspection: Full	Est. Type: Risk Category:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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, responsibilities, 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			

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

Compliance Status		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			

Person in Charge (signature)

Inspector (signature)

Compliance Status		COS	R
Proper Use of Utensils			
43			
In-use utensils; Properly stored			
44			
Utensils, equipment & linens; properly stored, dried, handled			
45			
Single-use & single-service articles, properly stored and used			
46			
Gloves used properly			
Utensils, Equipment and Vending			
47			
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48			
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			

Follow-up:

Follow-up Date:

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL30529016-0	Date: 5/27/2026
Facility Name: MILACA ELIM MEADOWS ASSISTED LIVING	
Facility Address: 740 2ND STREET SE MILACA, MN 56353	

TAG IDENTIFICATION: 0775

SCOPE/ SEVERITY: Level 2; Isolated

TIME PERIOD OF CORRECTION: Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]
2. Fire doors shall be maintained to be self-closing and latch as designed. Fire doors shall not be blocked, obstructed, or otherwise made inoperable. [Minn. Stat. 144G.45 subd. 2; MSFC 705]

Comments: The fire door to a residential unit on the second level had a permanent door hold open installed.

TAG IDENTIFICATION: 0810

SCOPE/ SEVERITY: Level 1; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that are readily available at all times within the facility. [Minn. Stat. 144G.45 subd.2]

Comments: The evacuation plans in the common areas did not have the egress route indicated on the floor plans.