



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 11, 2026

Licensee

Vista Prairie at Eagle Point LLC

3820 Stark Drive

St Francis, MN 55070

RE: Project Number(s) SL41493001

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license with dementia care**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on August 26, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;

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

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

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

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

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

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00

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

Per 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 residents/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 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 the Department of Health 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 MDH 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,

A handwritten signature in cursive script that reads "Kelly Thorson". The ink is dark and the signature is fluid.

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41493	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2026
NAME OF PROVIDER OR SUPPLIER VISTA PRAIRIE AT EAGLE POINT LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3820 STARK DRIVE ST FRANCIS, MN 55070		
(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: SL41493001-0 On August 24, 2026, through August 26, 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 11 resident(s); 11 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.		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	0 510			

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 510	Continued From page 1 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 resident cares for two of three employees (unlicensed personnel (ULP)-F and ULP-G). This had the potential to affect all residents, staff, and visitors at the facility. 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). The findings include: During the entrance conference on August 24, 2026, at 10:56 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided assistance with ADLs (activities of daily living) to residents.	0 510			

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0 510	Continued From page 2 ULP-F's Educare (online training platform) Transcript indicated ULP-F completed OSHA (Occupational Safety Health Administration) and Infection Control training on March 20, 2026, and Infection Control Techniques on August 9, 2026. On August 24, 2026, during continuous observation from 3:58 p.m. until 4:41 p.m., the surveyor observed ULP-F and ULP-G provide scheduled medication and ADLS to R5, R6, and R2. ULP-G applied gloves, assisted R5 with toileting and removed ULP-G's gloves before exiting R5's room. Without performing hand hygiene, ULP-G applied gloves, prepared medication for R6, using a gloved hand, ULP-G placed the pill into R6's mouth to swallow, ULP-G removed ULP-G's gloves and performed hand hygiene. ULP-G then documented medication administration, applied new gloves while at the medication cart before touching the exterior door handle to enter R2's room and assist ULP-F to transfer R2 from wheelchair to toilet. With gloved hands, ULP-F removed R2's soiled brief, provided peri cares, applied clean brief, and assisted with transferring R2 from toilet to wheelchair before removing soiled gloves and completing hand hygiene. On August 26, 2026, at 2:02 p.m., CNS-B stated employees were trained to complete hand hygiene before and after cares and between glove changes. CNS-B further stated employees were trained to wear gloves while providing personal cares, before touching medications, and to change gloves between resident rooms, between cares and medications, and when going from dirty to clean tasks. The licensee's Infection Prevention and Control	0 510			

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0 510	Continued From page 3 Program policy dated August 1, 2021, indicated the licensee maintained an infection prevention and control program. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place, the name, telephone number, and email contact information for the individuals who were responsible for handling resident grievances. This had the potential to affect the licensee's current residents, staff, and visitors.	0 550			

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0 550	Continued From page 4 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: On August 24, 2026, at 11:38 a.m., during the facility tour with Regional Operations Director (ROD)-C, the surveyor observed on the main posting board inside the secure entrance to the licensee's memory care, the licensee's Complaint and Grievance Policy. The policy posted indicated a complaint was able to be filed with the licensee's executive director. Located directly below the grievance posting were copies of the licensee's Customer Feedback Form which indicated grievances could be brought to the attention of the licensee's executive director. The licensee's grievance policy posted and Customer Feedback form both lacked the name, telephone number, and email contact information for the current executive director who was responsible for handling resident grievances. On August 25, 2026, at 11:38 a.m., licensed assisted living director (LALD)-A acknowledged the licensee's grievance policy posted and Customer Feedback form both lacked the name, phone number, and email address to contact the individual who was responsible for handling resident grievances. LALD-A stated LALD-A was aware of the required information and it was	0 550			

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0 550	Continued From page 5 missed in error on the posting. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550			
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and	01730			

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01730	Continued From page 6 (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the registered nurse (RN) failed to develop and maintain a current individualized medication management plan to include all required content for one of three residents (R3). This practice resulted in a level two violation (a violation that did not harm a client'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 August 24, 2026, at 10:56 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services.	01730			

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01730	Continued From page 7 R3 was admitted to the licensee and began receiving assisted living services on June 8, 2026. R3's diagnoses included congestive heart failure (chronic heart condition causing fluid retention), chronic kidney disease (kidney damage resulting in loss of ability to filter blood properly), hypertension (elevated blood pressure), and peripheral neuropathy (damage to the nerves outside your brain and spinal cord). R3's Service Plan Agreement dated June 8, 2026, indicated R3's services included dressing, bathing, assistance with bed mobility and transfers, medication management, catheter care, and colostomy care. On August 24, 2026, at 3:28 p.m., the surveyor observed unlicensed personnel (ULP)-F and ULP-F assist R3 with repositioning in bed. While observing R3's care, the surveyor observed R3's open bottle of Tobradex 0.3%-0.1% (treat bacterial eye infection and reduced associated swelling, redness, and pain) ophthalmic ointment on R3's bedside table. R3's record included Medication Management Assessment completed on June 8, 2026, and signed by CNS-B on August 24, 2026, which indicated R3 was not able to demonstrate the ability to self-administer medication and licensee employees administered R3's medications. The Medication Management Assessment further indicated R3's medications were stored in the locked medication cart. R3's record lacked an individualized medication management plan to address the following: - a description of storage of medications based	01730			

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01730	Continued From page 8 on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; and - documentation of specific resident instructions relating to the self-administration of medications. On August 24, 2026, R3 stated R3 applied the ointment to R3's left eye nightly, as needed. On August 26, 2026, at 1:47 p.m., CNS-B stated R3's medication management assessment was not updated to reflect self-administration of prescribed ophthalmic ointment in error. CNS-B further stated R3's medication management assessment and plan required an update when the order for self-administration was received from R3's provider. The licensee's 7.01 Medication Management-Assessment, Monitoring & Reassessment policy dated August 2021, indicated the licensee monitored and reassessed resident medication management services as needed when the resident presented with symptoms or other issues that were possibly medication-related and, at a minimum, annually. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			
01880 SS=D	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.	01880			

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01880	Continued From page 9 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were secured and permitted access to only authorized personnel for one of three residents (R2). This practice resulted in a level two violation (a violation that did not harm a client'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 August 24, 2026, at 10:56 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services. R2 was admitted to the licensee and began receiving assisted living services on March 2, 2026. R2's diagnoses included atrial fibrillation (rapid and irregular heart rhythm), vascular dementia (decline in thinking and memory skills due to impaired blood flow to the brain), hypertension (elevated blood pressure), congestive heart failure (chronic heart condition causing fluid retention), and major depressive disorder. R2's Service Plan Agreement dated June 16, 2026, indicated R2 received assistance with	01880			

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01880	Continued From page 10 dressing, bathing and grooming, catheter care, toileting, medication management, housekeeping, and wellness checks. R2's Medication Management Assessment dated June 11, 2026, indicated licensee employees provided medication administration services and medications were stored in the secured medication cart. On August 24, 2026, at 3:48 p.m., the surveyor observed unlicensed personnel (ULP)-G administer scheduled medication to R2. During the medication administration encounter, the surveyor observed an open bottle of Nystatin (antifungal) powder on R2's bedside window ledge. On August 24, 2026, at 3:52 p.m., R2 stated licensee employees applied the Nystatin powder to R2's skin folds every morning and evening. On August 24, 2026, at 3:54 p.m., ULP-G stated R2's Nystatin powder was stored in R2's room for ease of access during application times. On August 26, 2026, at 1:30 p.m., CNS-B stated resident medications were to be stored in the secured medication cart unless the resident was assessed for alternative storage plans or was appropriate for self-administration. CNS-B further stated employees were trained to return all medications and creams/powders to the medication cart after administration unless the resident was care planned differently. The licensee's 7.12 Storage of Medications policy dated August 1, 2021, indicated the registered nurse (RN) determined medication storage arrangements based on a resident's functional	01880			

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(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
01880	Continued From page 11 and cognitive status, potential for drug diversion, and manufacturer's recommendations. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880			
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must	01940			

Minnesota Department of Health

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01940	Continued From page 12 be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of two residents (R3) who had treatments or therapies managed by the licensee. 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 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 August 24, 2026, at 11:11 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to residents at the facility. R3 was admitted to the licensee and began receiving assisted living services on June 8, 2026. R3's diagnoses included congestive heart failure (chronic heart condition causing fluid retention), chronic kidney disease (kidney damage resulting in loss of ability to filter blood properly), hypertension (elevated blood pressure), and peripheral neuropathy (damage to the nerves outside your brain and spinal cord).	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41493	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2026
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01940	Continued From page 13 R3's Service Plan Agreement dated June 8, 2026, indicated R3's services included dressing, bathing, assistance with bed mobility and transfers, medication management, catheter care, and colostomy care. R3's record included a provider order dated August 11, 2026, which indicated R3 was to receive supplemental oxygen at one liter per minute as needed to maintain oxygen saturations greater than 90%. On August 24, 2026, at 3:28 p.m., the surveyor observed unlicensed personnel (ULP)-G and ULP-F assist R3 with repositioning while in bed. During the observation, the surveyor also observed oxygen storage within R3's room and observed one oxygen concentrator, one large portable oxygen tank in an upright holder, and two small portable oxygen tanks on the floor, both of which were not in an appropriate storage rack. R3's record lacked a written statement of the treatment provided on R3's service plan. R3's record also lacked a treatment plan including the following required information: - documentation of specific resident instructions related to R3's oxygen order; - procedures for notifying a RN when a problem arose with the oxygen; and - resident-specific requirements relating to documentation of treatment received, verification that all treatment or therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On August 26, 2026, at 1:51 p.m., CNS-B stated CNS-B was aware that all treatments provided were required to be on the resident treatment and	01940			

Minnesota Department of Health

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01940	Continued From page 14 service plans. CNS-B further stated R3's oxygen management was not included on R3's service plan or treatment plan in error. The licensee's 7.05 Treatment & Therapy Management Plan policy dated August 2021, indicated "For each resident at Vista Prairie Communities receiving management of ordered or prescribed treatments or therapy services, the facility will prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. PROCEDURE: 1. Vista Prairie Communities will develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: a. A statement of the type of services that will be provided b. Documentation of specific resident instructions relating to the treatments or therapy administration c. Identification of treatment or therapy tasks that will be delegated to unlicensed personnel d. Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services e. Any resident-specific requirements relating to documentation of treatment and therapy received f. Verification that all treatment and therapy was administered as prescribed g. Monitoring of treatment or therapy to prevent possible complications or adverse reactions." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41493	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2026
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02310	Continued From page 15	02310			
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 review, the licensee failed to provide care and services according to acceptable health care standards, medical or nursing standards with regards to safely storing oxygen for one of one residents (R3) 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 August 24, 2026, at 11:11 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided oxygen management to residents at the facility. R3 was admitted to the licensee and began receiving assisted living services on June 8, 2026. R3's diagnoses included congestive heart failure	02310			

Minnesota Department of Health

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02310	Continued From page 16 (chronic heart condition causing fluid retention), chronic kidney disease (kidney damage resulting in loss of ability to filter blood properly), hypertension (elevated blood pressure), and peripheral neuropathy (damage to the nerves outside your brain and spinal cord). R3's Service Checkoff List dated August 1, 2026, through August 31, 2026, indicated R3 received wellness checks 12:00 a.m., 4:00 a.m., and 10:00 p.m., daily. On August 24, 2026, at 3:28 p.m., the surveyor observed ULP-G and ULP-F assist R3 with repositioning while in bed. During the observation, the surveyor also observed oxygen storage within R3's room and observed one oxygen concentrator, one large portable oxygen tank in an upright holder, and two small portable oxygen tanks on the floor, both of which were not in an appropriate storage rack. On August 26, 2026, at 1:59 p.m., CNS-B stated portable oxygen tanks must be stored upright in a storage rack or secured holder. CNS-B further stated when safety checks were completed for R3, safe storage of oxygen was not reported to nursing. The Minnesota Department of Health (MDH) Oxygen Cylinder Storage Requirements dated April 16, 2020, based on the National Fire Protection Association, Standard 99 (NFPA 99), indicated a common hazard in a health care facility is storing and handling compressed oxygen in cylinders. When storing oxygen cylinders, they must be secured in racks or by chains to prevent them from falling over. No further information was provided.	02310			

Minnesota Department of Health

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02310	Continued From page 17 TIME PERIOD FOR CORRECTION: Seven (7) days	02310			



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

Food & Beverage Inspection Report

Page: 1

Establishment Info

VISTA PRAIRIE AT EAGLE POINT
3820 STARK DR
St Francis, MN 55070
Anoka County
Parcel:

Phone:

License Info

License: HFID 41493

Risk:
License:
Expires on:
CFPM: Ben Videen
CFPM #: 64312; Exp: 12/1/2028

Inspection Info

Report Number: F1025261180
Inspection Type: Full - Single
Date: 8/24/2026 Time: 1:00 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

No orders issued during inspection. Discussed portioning and storing food in plastic bags.

Inspected both Memory Care and Production kitchen. Residential refrigerator in the Memory Care Serving kitchen. Not for use for TCS food storage, as the licensee cools TCS food (MN 4626.0506 G). Pasteurized eggs used. Facility on municipal water. Test available for all sanitizing methods.

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

I acknowledge receipt of the Metro District Office inspection report number F1025261180 from 8/24/2026

Establishment Representative


Casey Kipping, MA RS
Public Health Sanitarian 3
651-201-4513
casey.kipping@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info

VISTA PRAIRIE AT EAGLE POINT
St Francis
County/Group: Anoka County

Inspection Info

Report Number: F1025261180
Inspection Type: Full
Date: 8/24/2026
Time: 1:00 PM

Food Temperature: **Product/Item/Unit:** Deli meat; **Temperature Process:** Cold holding

Location: Walk-in cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Egg salad; **Temperature Process:** Cold holding

Location: Upright cooler, expo at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Sliced tomato; **Temperature Process:** Cold holding

Location: Prep cooler at 39 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Milk; **Temperature Process:** Cold holding

Location: Memory care serving area, refrigerator at 41 Degrees F.

Comment: *Residential refrigerator

Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** Ambient; **Temperature Process:** Cold holding

Location: Memory care upright cooler at 40 Degrees F.

Comment:

Violation Issued?: No



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St Paul, MN 55164

Sanitizer Observations/Recordings

Page: 1

Establishment Info

VISTA PRAIRIE AT EAGLE POINT
St Francis
County/Group: Anoka County

Inspection Info

Report Number: F1025261180
Inspection Type: Full
Date: 8/24/2026
Time: 1:00 PM

Sanitizing Equipment: **Product:** Dish machine; **Sanitizing Process:** Hot water

Location: Memory care kitchen **Equal To** 160 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Equipment: **Product:** Dish machine; **Sanitizing Process:** Hot water

Location: Kitchen **Equal To** 160 Degrees F.

Comment: Rinse pressure > 20

Violation Issued?: No

Sanitizing Chemical: **Product:** Sink and surface; **Sanitizing Process:**

Location: 3 compartment sink **Equal To** PPM

Comment: OK

Violation Issued?: No