



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 5, 2026

Licensee
Mill Street Residence
802 South Mill Street
Fergus Falls, MN 56537

RE: Project Number(s) SL30317016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 29, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Kelly Thorson, Supervisor

State Evaluation Team

Email: Kelly.Thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

KKM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30317	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/29/2026
NAME OF PROVIDER OR SUPPLIER MILL STREET RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH MILL STREET FERGUS FALLS, MN 56537			
(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: SL30317016 On April 27, 2026, through April 29, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 59 residents; 59 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License 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 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 surveyors' 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 subd. 1, 2, and 3.		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food	0 480			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	Continued From page 1 must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean	0 480			

Minnesota Department of Health

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0 480	Continued From page 2 and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 29, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480			

Minnesota Department of Health

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480			
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test, for one of two employees unlicensed personnel (ULP)-C. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive	0 660			

Minnesota Department of Health

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0 660	Continued From page 4 or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: The facility TB risk assessment completed October 1, 2025, indicated the facility was at a low risk for TB transmission. ULP-C began employment on June 30, 2025, to provide direct care services under the licensee's assisted living license. ULP-C's record indicated a QuantiFERON blood test (used to detect TB) had been completed on December 30, 2024. On April 29, 2026, at 11:50 a.m., license assisted living director (LALD)-A stated the policy human resources follows indicated they will accept TB test results up to a year prior to hire, so that is what they were following. The Minnesota Department of Health guidelines Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include an annual facility TB risk assessment. The guidelines also indicated an employee may begin working with patients (residents) after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients. Baseline TB screening should be documented in the employees' record. The licensee's Healthcare Worker Myobacterium Tuberculosis Screening policy dated/reviewed	0 660			

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0 660	Continued From page 5 August 2025, indicated healthcare workers (HCW) are to complete baseline TB screening by Tuberculin Skin Test (TST), or Interferon Gamma Release Assay (IGRA) testing. Testing, along with symptom review, screening, and risk assessment, will be completed by Employee Health (EH) unless otherwise directed. For baseline testing upon hire, a documented negative IGRA from another clinic or facility one (1) year of date of hire is acceptable. Documentation of two negative TST results, one of which must have been completed within one (1) year, is also acceptable as baseline testing for new hire screening. Base line testing must be completed within 30 days of the employee's date of hire. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil	01290			

Minnesota Department of Health

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01290	Continued From page 6 liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was affiliated to the current health facility identification (HFID) number for five of seven employees (unlicensed personnel (ULP)-H), (servers (S-E and S-I), and housekeepers (H-F and H-G) on the facility provided employee roster. 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: On April 27, 2026, at 12:30 p.m., the surveyor reviewed the facility's NETStudy 2.0 roster and compared it to the facility's staff roster and discovered five of the facility's employees were affiliated with the parent facility and not to the licensee's HFID 30317. ULP-H began employment on January 26,2026, to provide direct care services to residents. A background study had not been affiliated to the facility's HFID. S-E began employment on March 30, 2026, to provide dining room services. A background study had not been affiliated to the facility's HFID. S-I began employment on November 10, 2025, to	01290			

Minnesota Department of Health

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01290	Continued From page 7 provide dining room services. A background study had not been affiliated to the facility's HFID. H-F began employment on March 23, 2026, to provide housekeeping services. A background study had not been affiliated to the facility's HFID. H-G began employment on October 13, 2025, to provide housekeeping services. A background study had not been affiliated to the facility's HFID. On April 27, 2026, at 2:30 p.m., licensed assisted living director (LALD)-A stated there have been some corporate changes. The parent company took over in October 2025. The five employees not affiliated with the facility's HFID were the five staff hired after the change. They are all affiliated with the parent company but not with this facility. The licensee's Competency Plan policy dated/last reviewed September 2025, indicated criminal background studies and fingerprinting, when required by DHS, must be completed on all individuals who provide direct contact services in facilities licensed by the Minnesota Department of Health. No further information was provided. TIME PERIOD FOR CORRECTION: TWO DAY	01290			



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

Food & Beverage Inspection Report

Page: 1

Establishment Info

Mill Street Residence
802 SOUTH MILL STREET
Fergus Falls, MN 56537
Otter Tail County
Parcel:

Phone:
CGMARHORI@LRHC.ORG

License Info

License: HFID 30317

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1064261053
Inspection Type: Full - Single
Date: 4/29/2026 Time: 10:41:20 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 2
Total Priority 2 Orders: 3
Total Priority 3 Orders: 5
Delivery: Emailed

New Order: 2-100 Supervision

2-102.11D,E,F,G,H,I *Priority Level: Priority 2 CFP#: 1*

MN Rule 4626.0030DEFGHI The person in charge must be able to demonstrate their knowledge to the inspector of the importance of the following food handling procedures to preventing foodborne disease: handwashing; avoiding cross contamination; avoiding hand contact with ready-to-eat foods; time and temperature requirements for safely refrigerating, hot holding, cooling, and reheating TCS food; hazards of eating raw or undercooked meat, poultry, eggs, and fish; food temperatures and cooking times required to safely cook TCS food including meat, poultry, eggs, and fish; foods identified as major food allergens and the symptoms of an allergic reaction; identification of critical control points in a food service operation and steps to be taken to ensure the points are controlled.

COMMENT: PIC DID NOT SEEM TO UNDERSTAND WHAT TCS FOODS WERE AND IMPORTANCE OF DISPOSING OF TCS FOODS AFTER 7-DAY PERIOD.

Comply By: 4/29/2026 Originally Issued On: 4/29/2026

New Order: 2-100 Supervision

2-102.12AMN *Priority Level: Priority 3 CFP#: 2*

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

COMMENT: NO ONE IN THE ESTABLISHMENT HELD A CFPM CERTIFICATE.

Comply By: 4/29/2026 Originally Issued On: 4/29/2026

New Order: 2-100 Supervision

2-102.12DMN *Priority Level: Priority 3 CFP#: 2*

MN Rule 4626.0033D Post the certified food protection manager certificate.

COMMENT:

Comply By: 4/29/2026 Originally Issued On: 4/29/2026

! New Order: 3-500D Microbial Control: disposition of food

3-501.18A *Priority Level: Priority 1 CFP#: 23*

MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.

COMMENT: NUMEROUSE ITEMS WERE OVER 7 DAY TIME PERIOD. ITEMS INCLUDED BUT NOT LIMITED TO:

UPRIGHT COOLER: TURKEY DATED 4/19, LETTUCE 4/16, SLICED ONION 4/15.

ITEMS WERE ALSO FOUND IN WALK-IN: PEARS: 4/20, CHERRY PIE FILLING 4/20, PEARS 4/20

Comply By: 4/29/2026 Originally Issued On: 4/29/2026

New Order: 4-200 Equipment Design and Construction4-203.13 *Priority Level: Priority 3 CFP#: 48*

MN Rule 4626.0563 Replace the pressure gauge on the dishwasher with one that is accurate to 2 PSI in the range indicated on the manufacturer's data plate the 15 to 25 PSI range.

COMMENT:

Comply By: 4/29/2026 Originally Issued On: 4/29/2026

New Order: 4-300 Equipment Numbers and Capacities4-302.13B *Priority Level: Priority 2 CFP#: 48*

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

COMMENT:

Comply By: 4/29/2026 Originally Issued On: 4/29/2026

New Order: 4-500 Equipment Maintenance and Operation4-501.11AB *Priority Level: Priority 3 CFP#: 47*

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

COMMENT: ENSURE WASHING MACHINE IS IN GOOD REPAIR, CURRENTLY NOT HITTING TEMP AND DOES NOT HAVE WORKING GAGES.

Comply By: 4/29/2026 Originally Issued On: 4/29/2026

New Order: 4-600 Cleaning Equipment and Utensils4-601.11A *Priority Level: Priority 2 CFP#: 16*

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

COMMENT: MOLD BUILD UP WAS FOUND ON UPPER UNIT OF ICE MACHINE SHOWED PIC WHILE ON SITE.

Comply By: 4/29/2026 Originally Issued On: 4/29/2026

! New Order: 4-700 Sanitizing Equipment and Utensils4-703.11B *Priority Level: Priority 1 CFP#: 16*

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

COMMENT: MAX TEMP REACHED ON DISHWASHER WAS 158F TOLD PIC TO CALL FOR SERVICE AND NOTIFY INSPECTOR ONCE IN WORKING ORDER. ALSO ENSURE A DISH THERMOMETER IS USED DAILY TO ENSURE TEMP IS BEING REACHED.

Comply By: 4/29/2026 Originally Issued On: 4/29/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control6-501.14A *Priority Level: Priority 3 CFP#: 56*

MN Rule 4626.1530A Maintain clean all intake and exhaust air ducts and change filters so they are not a source of contamination.

COMMENT: HOOD ABOVE WASHER NEEDS TO BE CLEANED AND VENT INTAKE NEAR CORK BOARDS NEED TO BE CLEANED DUE TO BUILD UP OF DUST.

Comply By: 4/29/2026 Originally Issued On: 4/29/2026

Food & Beverage General Comment

1. The Certified Food Manager should be routinely conducting self-inspections to ensure that employees are following proper food handling practices.
2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up-to-date employee illness log.

3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.
 4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.
-

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

I acknowledge receipt of the Fergus Falls District Office inspection report number F1064261053 from 4/29/2026

CLANCY MARHORI
KITCHEN MANAGER

A black rectangular box containing the signature "Kimberly Bredeson" in white cursive script.

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



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

Temperature Observations/Recordings

Page: 1

Establishment Info

Mill Street Residence
Fergus Falls
County/Group: Otter Tail County

Inspection Info

Report Number: F1064261053
Inspection Type: Full
Date: 4/29/2026
Time: 10:41:20 AM

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

Location: Upright Cooler at 38 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** GRAVY; **Temperature Process:** Hot-Holding

Location: Steam Table at 160 Degrees F.

Comment:

Violation Issued?: No

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

Location: Walk-in Cooler at 38 Degrees F.

Comment:

Violation Issued?: No



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

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Mill Street Residence
Fergus Falls
County/Group: Otter Tail County

Inspection Info

Report Number: F1064261053
Inspection Type: Full
Date: 4/29/2026
Time: 10:41:20 AM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 158 Degrees F.

Comment: TOLD PIC UNIT NEED TO BE SERVICED AND NEEDS TO HIT A MINIMUM TEMP OF 160 AND ALL GAGES NEED TO BE IN WORKING ORDER.

Violation Issued?: Yes

Sanitizing Equipment: Product: Quaternary Ammonia; **Sanitizing Process:** Dispenser

Location: Dishwashing Area **Equal To** 300 Degrees F.

Comment:

Violation Issued?: No

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

Location: Kitchen **Equal To** 300 PPM

Comment:

Violation Issued?: No