Electronically Delivered

June 9, 2026

Licensee
Lincoln Park Assisted Living
208 Oak Street
Detroit Lakes, MN 56501

RE: Project Number(s) SL21201016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 20, 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:

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $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. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Jessie Chenze

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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21201	A. BUILDING: _____ B. WING _____	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN PARK ASSISTED LIVING	208 OAK STREET DETROIT LAKES, MN 56501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL21201016-0 On May 18, 2026, through May 20, 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 30 residents; 30 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services	0 485		

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0 485	Continued From page 1 (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as a part of their assisted living contract. This had the potential to affect all residents. 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 potential to affect a large portion or all of the residents). The findings include: During the entrance conference on May 18, 2026, at 9:19 a.m., licensed assisted living director	0 485		

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0 485	Continued From page 2 (LALD)-A stated the licensee was familiar with current minimum assisted living requirements. LALD-A further stated the licensee offered meal plan options for residents to choose from. On page nine of the licensee's undated Master Assisting Living Resident Agreement (assisted living contract) indicated Section 9.0- Food Plan: a schedule of fees and description of the Facility's food and beverage plan, which is not included in the Base Fee, is available from Facility for an additional fee, the current version of which, as of the execution of this Agreement, is attached hereto as Exhibit C (the "Food Plan") [sic]. Resident is not required to select a Food Plan to live at the Facility [sic]. The licensee's Exhibit C dated August 2024, allowed residents to choose from the following options: -snacks and coffee, no meals; -2 (two) meals and snacks (price listed); and -3 (three) meals and snacks (price listed). Resident assisted living contracts with addendums lacked an option for residents to opt out of payment for two meals residents would not want. On May 19, 2026, at 1:55 p.m., LALD-A stated most residents that resided in the assisted living needed at least two to three meals cooked and provided daily by the licensee. LALD-A stated the licensee had previously included three meals per day in the contract, however, the licensee switched to meal plan options for all residents when the assisted living regulations began on August 1, 2021. The Minnesota Department of Health Assisted	0 485		

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0 485	Continued From page 3 Living Resources and Frequently Asked Questions (FAQs) website, last updated May 4, 2026, indicated the provider cannot have a blanket "one size fits all" meal charge. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 775 SS=F	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 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, Physical Environment Inspection Report (PEIR) dated May	0 775		

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0 775	Continued From page 4 18, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: SEVEN (7) days	0 775		
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 ensure the care and services were provided according to acceptable health care and medical, or nursing standards for one of one resident (R3) with hospital bed rails. 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 May 18, 2026, at 9:19 a.m., licensed assisted living director (LALD)-A stated the licensee was familiar with	02310		

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02310	Continued From page 5 current minimum assisted living requirements. R3's diagnoses included hypertension (HTN-high blood pressure), chronic kidney disease, and glaucoma (eye diseases that damage the optic nerve resulting in vision loss). R3's Service Plan with Schedule dated April 8, 2026, indicated R3's services included medication administration, dressing, emptying catheter bag, and housekeeping. On May 18, 2026, at 12:58 p.m., the surveyor observed unlicensed personnel (ULP)-C administer R3's scheduled afternoon medication. During the observation, the surveyor observed upper bilateral hospital bed rails on R3's bed. R3's EHSL Entrapment Evaluation and Consent 10.25 [sic] dated April 10, 2026, indicated R3 had bilateral upper partial rails (bed rails) attached to R3's bed. R3 requested the use of the bed rails to be used for turning side to side in bed, moving self up and down in bed, and pulling self from a laying to sitting position. Risks and benefits were explained, R3 was assessed for the risk of entrapment, consent was received, and R3's bed's dimensions were appropriate for R3's size and weight. In addition, zones one, two and three were less than 4 ¾ inches, and zone four was less than 2 3/8 inches, however, no actual measurements were documented for zones one, two, three, and four of the bed rails. R3's record lacked evidence of documentation of the accurate zone measurements for zones one, two, three, and four on R3's bed rails. On May 20, 2026, at 11:57 a.m., clinical nurse supervisor (CNS)-B and registered nurse (RN)-I	02310		

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02310	Continued From page 6 stated when the RNs completed R3's hospital style bed rail assessments, the RN measured each zone of the bed rail to ensure the measurement met the Food and Drug Administration (FDA) requirements, however, the RNs did not document the actual measurement of each zone on R3's assessment. The licensee's AL (assisted living) Restraint policy dated March 3, 2025, indicated any documentation regarding the use of a hospital style bed rail will include measurements. The FDA "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently-Asked Questions (FAQs) dated May 4, 2026, "Documentation about a resident's bed rails includes, but is not limited to: - Purpose and intention of the bed rail; - Measurements; - The resident's bed rail use/need assessment; - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct	02310		

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02310	Continued From page 7 installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements." Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0140, Subp. 2, effective October 2022, a nursing assessment or reassessment under Minnesota Statutes, section 144G.70, subdivision 2, paragraphs (b) and (c), must be conducted on a prospective resident or resident receiving any of the assisted living services identified in Minnesota Statutes, section 144G.08, subdivision 9, clauses (6) to (12). B. The nursing assessment or reassessment under item A must: (1) address part 4659.0150, subpart 2, items A to N; (2) be conducted in person unless an exception under Minnesota Statues, section 144G.70, subdivision 2, paragraph (b), applies; (3) be conducted using a uniform assessment tool that complies with part 4659.0150; and (4) be in writing, dated, and signed by the RN who conducted the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	02310		

Fergus Falls District Office
Minnesota Department of Health
2314 College Way
Fergus Falls , MN 56537
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Lincoln Park Assisted Living
208 OAK STREET
Detroit Lakes, MN 56501
Becker County
Parcel:

Phone:

License Info

License: HFID 21201

Risk:
License:
Expires on:
CFPM: Stacy Koll
CFPM #: 446; Exp: 3/30/2028

Inspection Info

Report Number: F1049261091
Inspection Type: Full - Single
Date: 5/19/2026 Time: 11:00 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

INSPECTOR MET WITH MDH NURSE SURVEYOR, SARA UMLAUF, AND ESTABLISHMENT REPRESENTATIVE.

THE HOSPITAL PREPARES AND COOKS LUNCH AND DINNER FOR THE ASSISTED LIVING. THE ASSISTED LIVING PREPARES AND COOKS BREAKFAST IN THEIR ANSI CERTIFIED KITCHEN.

DISCUSSED THE FOLLOWING:
-EMPLOYEE ILLNESS LOG - ESTABLISHMENT KEEPS RECORD OF EMPLOYEE ILLNESSES ON THE COMPUTER AND DOCUMENTS IF AN EMPLOYEE HAS VOMITING OR DIARRHEA.
-VOMIT CLEANUP PROCEDURE - EVS IS CALLED TO PROPERLY CLEAN AND SANITIZE.

ESTABLISHMENT HAS A SMOOTH TILED CEILING, POURED CONCRETE FLOOR WITH COATING, FRP WALLS, AND ANSI CERTIFIED EQUIPMENT

THE DISHWASHER REACHED A UTENSIL SURFACE TEMPERATURE OF 168.1 DEGREES F, INDICATING THAT UTENSILS AND DISHES ARE BEING PROPERLY SANITIZED.

Things to Remember:

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 F1049261091 from 5/19/2026

Stephanie Reynolds

Establishment Representative

Stephanie Reynolds,
Public Health Sanitarian 2
218-332-5179
stephanie.reynolds@state.mn.us

Fergus Falls District Office
Minnesota Department of Health
2314 College Way
Fergus Falls , MN 56537

Temperature Observations/Recordings

Establishment Info

Lincoln Park Assisted Living
Detroit Lakes
County/Group: Becker County

Inspection Info

Report Number: F1049261091
Inspection Type: Full
Date: 5/19/2026
Time: 11:00 AM

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 39.5 Degrees F.
Comment:
Violation Issued?: No

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

Food Temperature: Product/Item/Unit: Egg Roll**; Temperature Process:** Hot-Holding
Location: Steam Table at 167 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: Cooked Veggies**; Temperature Process:** Hot-Holding
Location: Steam Table at 188 Degrees F.
Comment:
Violation Issued?: No

Fergus Falls District Office
Minnesota Department of Health
2314 College Way
Fergus Falls , MN 56537

Sanitizer Observations/Recordings

Establishment Info

Lincoln Park Assisted Living
Detroit Lakes
County/Group: Becker County

Inspection Info

Report Number: F1049261091
Inspection Type: Full
Date: 5/19/2026
Time: 11:00 AM

Sanitizing Chemical: Product: Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: Dishwashing Area **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: Product: Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Dishwashing Area **Equal To** 200 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: Product: Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 168.1 Degrees F.
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL21201016	**Date:** 5/18/2026
Facility Name: Lincoln Park Assisted Living	
Facility Address: 208 Oak Street Detroit Lakes, MN 56501	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread **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: Fire rated doors on the resident rooms had the overhead door closers removed. maintenance manager (MM)-F stated the door closers had been removed due to the residents not being able to open them because of their heaviness.

3. Gates used as a component in a means of egress shall meet the same requirements for doors. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.8.1]

   Comments: There was a baby gate installed at the top of the stairs leading to the upstairs hallway. It required special knowledge to operate the gate latch which could lead to a delay in egress of the building in a fire or similar emergency. Maintenance Manager (MM)-F stated that there was a blind person living on the second floor and had a concern with him falling down the stairs. Any gates in the path of egress shall be readily operable from the egress side without the use of a key or special knowledge.