Electronically Delivered

July 23, 2026

Licensee
Riverfront Manor
215 East Mill Avenue
Pelican Rapids, MN 56572

RE: Project Number(s) SL21612016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 1, 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.

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21612	A. BUILDING: _____ B. WING _____	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERFRONT MANOR	215 EAST MILL AVENUE PELICAN RAPIDS, MN 56572

(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: SL21612016-0 On June 29, 2026, through July 1, 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 20 residents; 20 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.	
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	0 510		

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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 medication administration for one of two employees (unlicensed personnel (ULP)-E). 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 June 29, 2026, at 11:19 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management to residents at the facility.	0 510		

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0 510	Continued From page 2 On June 30, 2026, at 6:08 a.m., the surveyor observed ULP-E provide scheduled morning medication administration for R2. ULP-E compared R2's medication to R2's electronic medication administration record (EMAR), placed R2's medication into a cup, went to R2's apartment, administered R2's medication, and documented the administration of R2's medication. ULP-E proceeded to enter another resident's room. The surveyor did not observe ULP-E complete hand hygiene before or after R2's medication administration. On June 30, 2026, at 1:11 p.m., ULP-E stated the licensee provided infection control training upon hire and annually. ULP-E further stated ULP-E was trained to complete hand hygiene before and after completing cares for a resident along with in and out of a resident apartment. On June 30, 2026, at 1:35 p.m., CNS-B stated the licensee provided infection control with hand hygiene training upon hire and annually. CNS-B further stated CNS-B completed hand hygiene audits on ULPs throughout the year. CNS-B stated ULPs were trained to complete hand hygiene in and out of resident rooms and before and after providing resident cares. CNS-B further stated the licensee provided hand sanitizer to employees and had washing stations throughout the building. The licensee's Hand Hygiene policy dated January 21, 2026, indicated hand washing shall be performed between resident cares and whenever direct physical contact with a resident takes place. In addition, hand sanitizer may be used instead of soap and water except if hands look dirty, after using the bathroom, and prior to preparing food.	0 510		

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0 510	Continued From page 3 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 660 SS=D	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 observation, interview, and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH), including a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for one of two employees (unlicensed personnel (ULP)-F).	0 660		

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0 660	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 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 June 29, 2026, at 11:17 a.m., licensed assisted living director (LALD)-A stated the licensee was familiar with current minimum assisted living requirements. The licensee's Facility TB Risk Assessment Worksheet for Health Care Settings Licensed by MDH was completed on April 8, 2026, and the facility was determined to be a low risk level. ULP-F was hired on December 29, 2022, to provide direct care services to residents at the assisted living facility. On June 30, 2026, at 8:32 a.m., the surveyor observed ULP-F administer R4's scheduled morning medication. ULP-F's employee record contained a negative TB screening dated December 29, 2022, a negative first-step TST administered on December 29, 2022, at 1:01 p.m. and read on January 1, 2023, at 3:45 p.m. (over 72 hours had passed since administration). ULP-F's second-step TST was administered on January 9, 2023, at 3:00 p.m., and read on January 12, 2023, at 2:50 p.m. In addition, ULP-F's Mantoux	0 660		

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0 660	Continued From page 5 Form Permission Form for Employees Under Age 18 indicated to read TST results between 48 to 72 hours after administration. ULP-F's employee record lacked evidence of a two-step TST or other evidence of a TB screening, such as a blood draw, within 90 days of employment or upon hire. On June 30, 2026, at 1:31 p.m., clinical nurse supervisor (CNS)-B stated ULP-F's first-step TST was not read between 48 and 72 hours after administration. LALD-A further stated the licensee has switched their process and now completes TB blood draws upon hire to ensure there are no errors with reading TSTs in the required timeframe. The licensee's TB Prevention and Control policy dated August 1, 2021, indicated each staff will have an IGRA (Interferon-Gamma Release Assay) blood test or a two-step TST conducted. The policy further indicated after administration of a TST wait for 48 to 72 hours and have the TST reaction read. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the	02320		

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02320	Continued From page 6 services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the steps of the medication administration process was followed for one of two employees (unlicensed personnel (ULP)-E) observed administering medications. 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 June 29, 2026, at 11:19 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management to residents at the facility. R2's diagnoses included chronic obstructive pulmonary disease (COPD- difficult breathing). R2's Service Change Approval Form (addendum to service plan) dated January 22, 2026, indicated R2's services included medication management. R2's prescriber orders dated January 15, 2026, included an order for Advair (for COPD) 100-50 micrograms (mcg)/dose inhale one puff orally twice daily. Rinse mouth after use.	02320		

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02320	Continued From page 7 R2's Medication Administration Record (MAR) dated May 2026, and June 2026, respectively, indicated R2 was administered Advair Diskus 100-50 mcg one puff twice daily. Rinse mouth after use. On June 30, 2026, at 8:02 a.m., the surveyor observed ULP-E provide scheduled morning medication administration for R2. ULP-E handed R2 the Advair Diskus, R2 inhaled one puff, R2 handed the Advair Diskus, and ULP-E proceeded to complete a blood glucose check for R2. The surveyor did not observe ULP-E offer R2 water to rinse and spit after inhalation of the Advair Diskus. On June 30, 2026, at 1:13 p.m., ULP-E stated ULP-E did not offer R2 water to rinse and spit after the Advair inhalation, however, ULP-E had thought R2 usually went to the bathroom after the ULP left to rinse and spit. On June 30, 2026, at 1:33 p.m., CNS-B stated ULPs were trained to follow the instructions listed on the MAR and were expected to offer water to rinse and spit right after the administration of Advair Diskus. The manufacturer's instructions for Advair Diskus dated July 202, indicated to rinse mouth with water after you have used the Advair Diskus and spit the water out. Do not swallow the water. The licensee's 7.35 Inhaled Medications policy dated August 2020, indicated to rinse mouth with water after breathing in the medicine. Spit out the water. Do not swallow it (water). The licensee's Administration of Medication,	02320		

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02320	Continued From page 8 Treatment and Therapy by ULP policy dated June 9, 2022, indicated the RN (registered nurse) may delegate to ULP the task of administration of medications if the RN has developed written, specific instruction for each resident. In addition, the ULP must demonstrate the ability to competently follow the medication administration process to the RN. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

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

Food & Beverage Inspection Report

Establishment Info

Riverfront Manor
215 EAST MILL AVENUE
Pelican Rapids, MN 56572
Otter Tail County
Parcel:

Phone:

License Info

License: HFID 21612

Risk:
License:
Expires on:
CFPM: CHRISTOPHER FRIDAY
CFPM #: FM20715; Exp: 2/14/2027

Inspection Info

Report Number: F1064261081
Inspection Type: Full - Single
Date: 6/30/2026 Time: 10:00:57 AM
Duration: minutes
Announced Inspection: No
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

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 F1064261081 from 6/30/2026

Kimberly Bredeson

CHRISTOPHER FRIDAY
CFPM

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

Establishment Info

Riverfront Manor
Pelican Rapids
County/Group: Otter Tail County

Inspection Info

Report Number: F1064261081
Inspection Type: Full
Date: 6/30/2026
Time: 10:00:57 AM

Food Temperature: Product/Item/Unit: Creamer**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

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

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

Sanitizer Observations/Recordings

Establishment Info

Riverfront Manor
Pelican Rapids
County/Group: Otter Tail County

Inspection Info

Report Number: F1064261081
Inspection Type: Full
Date: 6/30/2026
Time: 10:00:57 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 166 Degrees F.
Comment:
Violation Issued?: No