Electronically Delivered

February 24, 2026

Licensee
Valentines of Lake City, Inc
317 North High Street
Lake City, MN 55041

RE: Project Number(s) SL29088016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a on February 3, 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 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 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
	29088	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALENTINES OF LAKE CITY, INC	317 NORTH HIGH STREET LAKE CITY, MN 55041

(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: SL29088016-0 On February 2, 2026, through February 3, 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 residents; 11 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.	
0 130 SS=C	144G.12, Subd. 1 Application for Licensure Each application for an assisted living facility	0 130		

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0 130	Continued From page 1 license, including provisional and renewal applications, must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director; (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership interest in the licensee of five percent or greater	0 130		

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0 130	Continued From page 2 and that specifies their relationship with the licensee and with each other; (13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of: (i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act; (ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service; (iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service; (iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or	0 130		

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0 130	Continued From page 3 1001.201; (v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; (vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period; (vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority; (viii) any revocation or suspension of accreditation; or (ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program; (14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings; (15) the signature of the owner of the licensee, or an authorized agent of the licensee; (16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked	0 130		

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0 130	Continued From page 4 under a private or state-controlled receivership, or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to meet the definition of an assisted living facility when the licensee had non-resident individuals (unlicensed personnel (ULP)-F) residing at the facility. This practice resulted in a level one violation (a violation that has no potential to cause more than a 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 the residents). The findings include: The licensee's assisted living licensure effective date was October 28, 2025, with an expiration date of October 27, 2026. On February 2, 2026, at 9:30 a.m. during the facility tour with clinical nurse supervisor (CNS)-B, the surveyor was shown a locked door that led to the upper level. CNS-B stated the upper level was an apartment that an employee was living in. On February 2, 2026, at 12:14 p.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A stated ULP-F lived in the	0 130		

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0 130	Continued From page 5 apartment upstairs and was not aware that this was not allowed. Minnesota Assisted Living Statutes 144G.08 definitions indicated: - Subd. 5. Assisted living contract-"Assisted living contract" means the legal agreement between a resident and an assisted living facility for housing, and if applicable, assisted living services;" - Subd. 7. Assisted living facility- "Assisted living facility" means a facility that provides sleeping accommodation and assisted living services to one or more adults. Refer to clauses 1-15 for exclusions. - Subd. 59. Resident. -"Resident" means an adult living in an assisted living facility who has executed an assisted living contract. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 130		
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 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	0 480		

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0 480	Continued From page 6 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 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.	0 480		

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0 480	Continued From page 7 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated February 2, 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 to the FBEIR for any compliance dates.	0 480		
0 800 SS=A	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.	0 800		

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0 800	Continued From page 8 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 one violation (a violation that will cause only minimal impact on the resident and does not affect 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated February 2, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
0 810 SS=C	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms;	0 810		

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0 810	Continued From page 9 (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. 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 one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety)	0 810		

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0 810	Continued From page 10 and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated February 2, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty One (21) days.	0 810		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.	01640		

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01640	Continued From page 11 (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of two residents (R2). 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: R2 was admitted on October 28, 2024, with diagnoses that included Parkinson's disease (progressive movement disorder of the nervous system). R2's service plan dated July 11, 2025, indicated R2 received services to include bathing, medication administration and medication setup. R2's signed prescriber orders dated January 12, 2026, included the following medication: -furosemide 20 milligrams (mg); take two tablets daily as needed (PRN) for increased weight; if weight up > three pounds in a day or five pounds in a week R2's service recap summary dated February 2026, indicated the unlicensed personnel (ULP)	01640		

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01640	Continued From page 12 record R2's daily weight. On February 3, 2026, at 9:30 a.m., ULP-C stated R2 weighed herself, and staff recorded it in R2's record. ULP-C stated R2 had a PRN dose of furosemide that would be given if R2 gained a certain amount of weight each day. On February 3, 2026, at 10:05 a.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A reviewed R2's service plan and stated it did not include weight monitoring. LALD/LPN-A stated she would add weight monitoring to R2's service plan and review/sign it with R2. The licensee's Service Plan policy dated October 28, 2024, indicated service plans shall be revised, if needed, based on resident reassessments and monitoring. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01710 SS=D	144G.71 Subd. 3 Individualized medication monitoring and reas A registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually.	01710		

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	29088	A. BUILDING: _____ B. WING _____	02/03/2026

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01710	Continued From page 13 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of two residents (R2) who self-administered medications was assessed for self-administration of 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: R2 was admitted on October 28, 2024, with diagnoses that included Parkinson's disease (progressive movement disorder of the nervous system). R2's service plan dated July 11, 2025, indicated R2 received services to include medication administration. On February 3, 2026, at 7:29 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R2. The surveyor noted one bottle of fluticasone nasal spray on her dresser, one bottle of Tums on her nightstand, one bottle of pain relief and one bottle of Miralax on the kitchen counter. The surveyor inquired if R2 self-administered these medications. ULP-C stated R2 did self-administer these medications and the staff administered all other medications to R2.	01710		

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01710	Continued From page 14 On February 3, 2026, at 9:45 a.m., R2 stated she self-administered the nasal spray, Tums, pain relief, Miralax, nebulizer treatment and diclofenac gel. R2 stated the ULP were aware she had these medications in her apartment. R2's record lacked prescriber orders for fluticasone nasal spray, Tums, pain relief and Miralax. R2's MAR dated February 2026, included the following medications: -DuoNeb one vial; **Self-Admin**; inhale one DuoNeb by mouth three times a day scheduled for shortness of breath. Can have a as needed (PRN) dose every four hours as needed for shortness of breath -Diclofenac 1% gel **Self-Admin**; apply 1 gram to bilateral hands four times a day as needed for pain R2's Medication Assessment for Safety in Self Administration form dated March 12, 2025, indicated -Resident is deemed ABLE to PARTIALLY safely self-administer medications (describe): resident is able to administer nebs and diclofenac gel on own. R2's Medication Assessment for Safety in Self Administration form did not assess R2's ability to self-administer fluticasone nasal spray, Tums, pain relief and Miralax. On February 3, 2026, at 9:55 a.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A stated R2's assessment to self-administer medications did not include all medications R2 was self-administering. LALD/LPN-A stated R2 may have ordered these	01710		

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01710	Continued From page 15 medications or had her family bring them in without notifying the nurse. LALD/LPN-A stated staff should notify the nurse if they see any medications in R2's room. The licensee's Medication management-Assessment, Monitoring and Reassessment policy dated October 28, 2024, indicated the registered nurse would conduct an assessment to determine what medication management services will be provided and how the services will be provided. The licensee's Medications Provided by Resident or Others policy dated October 28, 2024, indicated when the licensee becomes aware of any medications or dietary supplements that are being used by the resident and are not included in the assessment for medication management services, the staff must advise the registered nurse and document that in the resident record. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01710		
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	01730		

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01730	Continued From page 16 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 (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 licensee failed to develop an individualized medication management plan with	01730		

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01730	Continued From page 17 the required content for two of two residents (R1 and R2). 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: On February 2, 2026, at 9:05 a.m. during the entrance conference, licensed assisted living director/licensed practical nurse (LALD/LPN)-A stated resident medications were stored in a locked cabinet in the nursing station. R1 R1 was admitted on October 28, 2024, with diagnoses that included diabetes. R1's service plan dated February 1, 2025, indicated R1 received services to include medication administration. On February 2, 2026, at 11:47 a.m., the surveyor observed unlicensed personnel (ULP)-C check R1's blood sugar via Libre sensor. The surveyor noted a plastic bin on R1's counter that contained a glucometer (blood sugar testing machine), one Novolog insulin pen, one Toujeo insulin pen and one box of Alcon eye drops in it. ULP-C stated R1's opened insulin pens were stored in the plastic bin along with the eye drops. ULP-C stated unopened insulin pens were stored in R1's refrigerator.	01730		

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01730	Continued From page 18 R1's medication administration record (MAR) dated February 2026, included the following orders: -Novolog Insulin 100 units/milliliter (ml): Inject per sliding scale: -Blood sugar (BS) 150-199: 6 units -BS 200-249: 8 units -BS 250-299: 10 units -BS above 300: 12 units Store all unopened (unused) pens in the original carton in the refrigerator. -Toujeo Insulin 30 units; inject 30 units subcutaneously every evening. Kept in resident fridge -Alcon Tears 0.5%; administer one drop into both eyes two times a day R1's Medication Assessment for Safety in Self Administration form dated October 29, 2024, indicated the following: -Resident is deemed ABLE to PARTIALLY safely self-administer medications (describe): can administer insulin if it is dialed by staff. No admin. Staff will admin all other meds. R1's Individualized Medication Management Plan dated May 6, 2025, indicated the following: -Med Self-Admin is not applicable -secure storage of medications, specify: kept locked in nurses station. Administered to resident at ordered times. R1's medication management plan lacked the following required content: -self-administration of insulin -storage of insulin pens (refrigeration and in R1's apartment) -storage of eye drops in R1's apartment	01730		

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01730	Continued From page 19 R2 R2 was admitted on October 28, 2024, with diagnoses that included Parkinson's disease (progressive movement disorder of the nervous system). R2's service plan dated July 11, 2025, indicated R2 received services to include medication administration. On February 3, 2026, at 7:29 a.m., the surveyor observed ULP-C administer medications to R2. The surveyor noted one bottle of fluticasone nasal spray on her dresser, one bottle of Tums on her nightstand, one bottle of pain relief and one bottle of Miralax on the kitchen counter. The surveyor inquired if R2 self-administered these medications. ULP-C stated R2 did self-administer these medications and the staff administered all other medications to R2. On February 3, 2026, at 9:45 a.m., R2 stated she self-administered the nasal spray, Tums, pain relief, Miralax, nebulizer treatment and diclofenac gel. R2 stated the ULP were aware she had these medications in her apartment. R2's MAR dated February 2026, included the following medications: -DuoNeb one vial; **Self-Admin**; inhale one DuoNeb by mouth three times a day scheduled for shortness of breath. Can have a as needed (PRN) dose every four hours as needed for shortness of breath -Diclofenac 1% gel **Self-Admin**; apply 1 gram to bilateral hands four times a day as needed for pain R2's Medication Assessment for Safety in Self Administration form dated March 12, 2025,	01730		

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01730	Continued From page 20 indicated -Resident is deemed ABLE to PARTIALLY safely self-administer medications (describe): resident is able to administer nebs and diclofenac gel on own R2's Individualized Medication Management Plan dated May 7, 2025, indicated the following: -Med Self-Admin is not applicable -secure storage of medications, specify: kept locked in nurses station. Administered to resident at ordered times R2's medication management plan lacked the following required content: -self-administration of some medications (nebulizers, diclofenac gel, nasal spray, pain relief, Miralax, Tums) -storage of medications in R2's apartment (nebulizers, diclofenac gel, nasal spray, pain relief, Miralax, Tums) -identification of medication management tasks that may be delegated to unlicensed personnel On February 3, 2026, at 9:55 a.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A reviewed R1 and R2's medication management plans and stated they did not include the required content as noted above. The licensee's Medication Management Individualized Plan policy dated December 19, 2024, indicated the licensee would develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: a. a service statement describing the medication management services will be provided b. a description of the storage of medication	01730		

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01730	Continued From page 21 based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions c. documentation of specific resident instructions relating to the administration of medications d. identification of person(s) responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis e. identification of medication management task that may be delegated to ULP f. procedures for staff notifying an RN or appropriate licensed heath professional when a problem arises with medication management services, and 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 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for all medications the provider	01820		

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01820	Continued From page 22 managed for one of two residents (R2). 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: R2 was admitted on October 28, 2024, with diagnoses that included Parkinson's disease (progressive movement disorder of the nervous system). R2's service plan dated July 11, 2025, indicated R2 received services to include medication administration. On February 3, 2026, at 7:29 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R2. The surveyor noted one bottle of fluticasone nasal spray on her dresser, one bottle of Tums on her nightstand, one bottle of pain relief and one bottle of Miralax on the kitchen counter. The surveyor inquired if R2 self-administered these medications. ULP-C stated R2 did self-administer these medications and the staff administered all other medications to R2. On February 3, 2026, at 9:45 a.m., R2 stated she self-administered the nasal spray, Tums, pain relief, Miralax, nebulizer treatment and diclofenac gel. R2 stated the ULP were aware she had these medications in her apartment.	01820		

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01820	Continued From page 23 R2's medication administration record (MAR), dated February 2026, did not include fluticasone nasal spray, Tums, pain relief and Miralax. R2's MAR included the following medication order: -Mucinex; take two capsules every four hours as needed for chest congestion, cough, nasal relief. Do not exceed 12 tablets in 24 hours. The order did not include the dose of the Mucinex tablet. R2's signed prescriber orders dated January 12, 2026, included the following: -Mucinex; take two capsules every four hours as needed for chest congestion, cough, nasal relief. Not to exceed 12 tablets in 24 hours. The order did not include the dose of Mucinex to administer. R2's record lacked prescriber orders for fluticasone nasal spray, Tums, pain relief and Miralax. On February 3, 2026, at 10:00 a.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A reviewed R2's MAR and prescriber orders and stated the Mucinex order did not include the dose to administer. LALD/LPN-A stated R2's record lacked prescriber orders for fluticasone nasal spray, Tums, pain relief and Miralax. The licensee's Medication and Treatment orders policy dated October 29, 2025, indicated a current, written prescriber's order must be obtained for any treatment or medication administration provided to a resident. An order for medication or treatment must contain the name of the resident, a description of the medication, treatment or therapy to be provided and the frequency, duration, and other information	01820		

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01820	Continued From page 24 needed to carry out the order. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure insulin pens had a pharmacy label for one of two residents (R1). 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: R1 was admitted on October 28, 2024, with diagnoses that included diabetes.	01890		

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01890	Continued From page 25 R1's service plan dated February 1, 2025, indicated R1 received services to include medication administration. R1's medication administration record (MAR) dated February 2026, included the following orders: -Novolog Insulin 100 units/milliliter (ml): Inject per sliding scale: -Blood sugar (BS) 150-199: 6 units -BS 200-249: 8 units -BS 250-299: 10 units -BS above 300: 12 units Store all unopened (unused) pens in the original carton in the refrigerator. -Toujeo Insulin 30 units; inject 30 units subcutaneously every evening. Kept in resident fridge On February 2, 2026, at 11:47 a.m., the surveyor observed unlicensed personnel (ULP)-C check R1's blood sugar via Libre sensor. The surveyor noted a plastic bin on R1's counter that contained a glucometer (blood sugar testing machine), one Novolog insulin pen, one Toujeo insulin pen and one box of Alcon eye drops in it. ULP-C stated R1's opened insulin pens were stored in the plastic bin along with the eye drops. ULP-C stated unopened insulin pens were stored in R1's refrigerator. R1's Novolog insulin pen had paper tape on it with R2's name, and insulin instructions on it; however, it did not have a pharmacy label. R1's Toujeo insulin pen had paper tape on it with R2's name, and insulin instructions on it; however, it did not have a pharmacy label. On February 3, 2026, at 9:53 a.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A stated the pharmacy labels on R1's insulin pens fell off, so they put the paper	01890		

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VALENTINES OF LAKE CITY, INC	317 NORTH HIGH STREET LAKE CITY, MN 55041

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01890	Continued From page 26 tape on the pens. LALD/LPN-A stated going forward she would educate the ULP that if a label fell off an insulin pen to notify the nurse so the nurse would reattach it with tape. The licensee's Medications-Prescription Drugs and Prohibition policy dated October 28, 2024, indicated the prescription drug must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
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;	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29088	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALENTINES OF LAKE CITY, INC	317 NORTH HIGH STREET LAKE CITY, MN 55041

(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
01940	Continued From page 27 (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 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 (R2) with treatments. 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: R2 was admitted on October 28, 2024, with diagnoses that included Parkinson's disease (progressive movement disorder of the nervous system). R2's service plan dated July 11, 2025, indicated	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29088	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALENTINES OF LAKE CITY, INC	317 NORTH HIGH STREET LAKE CITY, MN 55041

(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
01940	Continued From page 28 R2 received services to include bathing, medication administration and medication setup. R2's service plan did not include weight monitoring. R2's signed prescriber orders dated January 12, 2026, included the following medication: -furosemide 20 milligrams (mg); take two tablets daily as needed (PRN) for increased weight; if weight up > three pounds in a day or five pounds in a week R2's service recap summary dated February 2026, indicated the unlicensed personnel (ULP) record R2's daily weight. On February 3, 2026, at 9:45 a.m., ULP-C stated R2 weighed herself, and staff recorded it in R2's record. ULP-C stated R2 had a PRN dose of furosemide that would be given if R2 gained a certain amount of weight each day. R2's Individualized Treatment or Therapy Management Plan dated January 2, 2026, did not include the following required content: - statement of the type of service that will be provided (weight monitoring) On February 3, 2026, at 10:06 a.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A reviewed R2 treatment plan and stated it did not include weight monitoring. The licensee's Treatment and Therapy Management Plan policy dated October 29, 2024, indicated the licensee would 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 provided	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29088	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALENTINES OF LAKE CITY, INC	317 NORTH HIGH STREET LAKE CITY, MN 55041

(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
01940	Continued From page 29 b. documentation of specific resident instructions relating to the treatment or therapy administration. c. identification of treatment or therapy tasks that will be delegated to ULP d. procedures for notifying a RN or appropriate licensed professional when a problem arises with treatment or therapy services e. any resident-specific requirements related to documentation of treatment and therapy received, f. verification that all treatments 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		

Rochester District Office
Minnesota Department of Health
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Valentines of Lake City, INC
317 North Hight Street
Lake City, MN 55041
Wabasha County
Parcel:

Phone:

License Info

License: HFID 29088

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

Inspection Info

Report Number: F7962261011
Inspection Type: Full - Single
Date: 2/2/2026 Time: 10:15:43 AM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 3
Total Priority 2 Orders: 3
Total Priority 3 Orders: 9
Delivery: Emailed

New Order: 2-400 Hygenic Practices
2-402.11 *Priority Level: Priority 3 CFP#: 40*
MN Rule 4626.0115 Food employees must wear an effective hair restraint, such as a hat, hair covering or hair net, a beard restraint and clothing to keep hair from contacting exposed food, clean equipment, utensils, linens, and unwrapped single-service or single-use articles.
COMMENT:

CHEF NOT WEARING A BEARD NET

Comply By: 2/9/2026 Originally Issued On: 2/2/2026

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.12B *Priority Level: Priority 3 CFP#: 43*
MN Rule 4626.0275B Store the food preparation and dispensing utensil in a food that is not TCS food with the handles above the top of the food within containers or equipment that can be closed such as bins of sugar, flour or cinnamon.
COMMENT:

ICE SCOOP HANDLE LAYING ON ICE, DISCUSSED STORAGE OPTIONS WITH CHEF, SENT IMAGES OF ICE SCOOP PROTECTION

Comply By: 2/2/2026 Originally Issued On: 2/2/2026

New Order: 3-500A Microbial Control: cooling
3-501.15A *Priority Level: Priority 2 CFP#: 33*
MN Rule 4626.0390A Cool food by: 1) placing the food in shallow pans; 2) separating the food into smaller portions 3) using rapid cooling equipment; 4) stirring the food in a container placed in an ice water bath; 5) using containers that facilitate heat transfer; 6) adding ice as an ingredient; or other effective methods.
COMMENT:

MASHED POTATO DATED 2/1 IN PLASTIC CONTAINER, TIGHTLY COVERED, CONDENSATION INSIDE LID, USE ABOVE METHODS TO COOL, COOLING LOG, FACT SHEET AND GRAPHIC LEFT ON SITE WITH CHEF

Comply By: 2/2/2026 Originally Issued On: 2/2/2026

New Order: 4-100 Equipment Construction Materials
4-101.11BCDE *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0450BCDE Remove all multi-use equipment, utensils, and food storage containers that are not durable, corrosion-resistant, nonabsorbent, smooth, easily cleanable, resistant to pitting, chipping, scratching or not able to withstand repeated warewashing.
COMMENT:

POTS AND PANS SCRATCHED AND MISSING NONSTICK COATING, PLASTIC CONTAINERS NOT MARKED FOR USE WITH FOOD, REMOVE FROM FACILITY

COMPLY BY 2-2-2027:
KITCHEN: METAL CUPBOARD SHELVES RUSTING
BASEMENT: RAW WOOD SHELVING

Comply By: 2/16/2026 Originally Issued On: 2/2/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT:

NO QUATERNARY AMMONIA TEST STRIPS, SAMPLE GIVEN FROM INSPECTORS SUPPLY

Comply By: 2/9/2026 Originally Issued On: 2/2/2026

New Order: 4-400 Equipment Location and Installation
4-402.11A *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.
COMMENT:

HAND WASH SINK IS PULLING AWAY FROM THE WALL, MOUNT SECURELY TO THE WALL AND SEAL TOP AND SIDES TO WALL, REMOVE RAW WOOD SUPPORTS, USE SMOOTH DURABLE CLEANABLE SUPPORT

Comply By: 3/2/2026 Originally Issued On: 2/2/2026

New Order: 4-400 Equipment Location and Installation
4-402.12A *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0730A Install floor-mounted equipment sealed to the floor or on six inch legs.
COMMENT:

BASEMENT SHELVING NOT ELEVATED 6 INCHES FROM FLOOR, CASTERS ARE RECOMMENDED FOR EASE OF CLEANING

Comply By: 2/2/2029 Originally Issued On: 2/2/2026

! **New Order: 4-600 Cleaning Equipment and Utensils**
4-602.11A *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0845A Clean and sanitize food-contact surfaces of equipment and utensils: 1. before each use with a different type of raw animal food; 2. each time there is a change from working with raw foods to working with ready-to-eat foods; 3. between uses with raw fruits and vegetables and TCS foods; 4. before using or storing a food temperature measuring device; 5. at any time during the operation when contamination may have occurred.
COMMENT:

FOOD DEBRIS ON LARGE MIXER, DISCUSSED WASH/RINSE/SANITIZE/AIR DRY CLEAN IN PLACE PROCEDURE WITH CHEF

Comply By: 2/2/2026 Originally Issued On: 2/2/2026

New Order: 4-600 Cleaning Equipment and Utensils
4-602.13 *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0855 Clean all non-food-contact surfaces of equipment at a frequency necessary to preclude accumulation of soil residues.
COMMENT:

UPRIGHT COOLER FAN COVERS DIRTY, MOLDY

Comply By: 2/16/2026 Originally Issued On: 2/2/2026

New Order: 5-200A Plumbing: approved materials/design
5-203.13A *Priority Level: Priority 3 CFP#: 51*
MN Rule 4626.1080A Provide at least 1 service sink or curbed cleaning facility equipped with a floor drain in a convenient location for the disposal of mop water and for the cleaning of mops and floor cleaning tools. The service sink must not be used for any other purpose.
COMMENT:

NO MOP SINK IN FACILITY, MN HEALTH REGULATION DIVISION APPROVAL AND DEPARTMENT OF LABOR AND INDUSTRY PLAN REVIEW REQUIRED BEFORE INSTALLATION, STAFF BATHROOM TOILET USED TO DISPOSE OF MOP WATER UNTIL MOP SINK INSTALLED

Comply By: 2/2/2029 Originally Issued On: 2/2/2026

! **New Order: 5-200B Plumbing: cross connections**
5-203.14A *Priority Level: Priority 1 CFP#: 51*
MN Rule 4626.1085A Water used under pressure in equipment in food and beverage establishments must be drained to a sanitary sewer through an air gap. Examples: refrigeration cooling water, water softener, and drained steam jacketed kettles.
COMMENT:

WATER SOFTENERS DO NOT HAVE AIR GAP, MDH CROSS CONNECTIONS AND WATER SOFTENERS DOCUMENT SENT WITH REPORT

Comply By: 2/16/2026 Originally Issued On: 2/2/2026

New Order: 5-200C Plumbing: Maintenance, fixture location
5-205.13 *Priority Level: Priority 2 CFP#: 51*
MN Rule 4626.1120 Inspect, test and maintain water treatment and backflow prevention devices according to the manufacturer's instructions and as necessary to prevent device failure. The person in charge must maintain records of inspection and service of water treatment and backflow prevention devices.
COMMENT:

NO DATE OF INSTALLATION ON WATER FILTERS IN KITCHEN

Comply By: 2/9/2026 Originally Issued On: 2/2/2026

New Order: 6-100 Physical Facility Construction Materials
6-101.11A1 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1325A1 Provide smooth, durable, and easily cleanable floor, wall and ceiling surfaces.
COMMENT:

KITCHEN CEILING PAINT FLAKING ABOVE SERVING WINDOW

Comply By: 2/16/2026 Originally Issued On: 2/2/2026

New Order: 6-300 Physical Facility Numbers and Capacities
6-304.11A *Priority Level: Priority 3 CFP#: 56*
MN Rule 4626.1475A Provide sufficient mechanical tempered make-up air and exhaust ventilation to keep rooms free of grease, excessive heat, steam condensation, vapors, obnoxious or disagreeable odors, smoke, and fumes according to State Building and Mechanical codes.
COMMENT:

NEW HOOD AND ANSUL SYSTEM SCHEDULED TO BE INSTALLED. MAINTAIN BOX FAN BLADES AND GRATE CLEAN UNTIL HOOD IS INSTALLED AND BALANCED WITH TEMPERED MAKEUP AIR, THEN REMOVE FROM KITCHEN

Comply By: Remove from kitchen when new hood is installed and balanced with tempered makeup air Originally Issued On: 2/2/2026

! **New Order: 7-200 Toxic Supplies and Applications**
7-204.11 *Priority Level: Priority 1 CFP#: 28*
MN Rule 4626.1620 Discontinue using chemical sanitizers, including chemical sanitizing solutions generated on site and other chemical antimicrobials on food-contact surfaces that do not meet the requirements specified in 40 CFR part 180, section 180.940, or part 180, subpart E, section 180.2020.
COMMENT:

BLEACH BOTTLE FOR LAUNDRY AND BATHROOM SURFACES, CHEMICAL SANITIZER INFORMATION PANEL MUST CONTAIN INFORMATION ON HOW TO SANITIZE FOOD CONTACT SURFACES

Comply By: 2/2/2026 Originally Issued On: 2/2/2026

Food & Beverage General Comment

Email sent with report:

Attached is the 2026 MDH HRD Inspection Report for Valentines, Lake City.

Also attached:
- Images of ice scoop protection
- Images of thermometers that hold maximum and minimum temperature for the dish washing machine
- Water Softener cross connection guide with images
- Clean and Sanitize fact sheet
  - FDA and EPA information under Chemical Sanitizing heading

Attached as a courtesy:
- Preventing Contamination from Hands fact sheet
  - no violation observed during inspection
- Images of exposed utilities that were chased
  - Exposed utilities written in notes section of report
- Serving Local Produce fact sheet
  - no violation observed during inspection
- Major Food Allergens fact sheet
  - no violation observed during inspection
- MN Food Code 4626.0447 Food Served to a Highly Susceptible Population 3-801.11
  - B. and F. are the sections addressing shell egg use
  - Discussed shell egg use with Owner April during the inspection
  - no violation observed during inspection

Left onsite:
- Cooling log, fact sheet, and graphic discussed with and left onsite with Chef.
- Employee Illness Decision Guide and Vomit/Fecal Cleanup posters discussed and left onsite with owner April.

A follow-up inspection is not required.

Please let me know if you have questions.

Heather

2-2-2026 Inspection by Heather Flueger
List of physical facility violations noted during the inspection.

Kitchen:
Plumbing may not be in compliance with the MN Plumbing Code 4717

Floor under hand wash sink is laminate, no cove base at floor wall juncture

Missing escutcheon plate

Missing escutcheon plate

Exposed utilities

Plumbing not in wall, coming up through floor

Office area:
Rolling snack cart with food and beverages that are not time and temperature controlled for safety, in manufacturer packaging, stored on carpet, popcorn ceiling

Basement:
Freezers and storage of food and beverages that are not time and temperature controlled for safety, in manufacturer packaging

Concrete floor, block walls, exposed floor joists, no cove base at floor wall juncture

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 Rochester District Office inspection report number F7962261011 from 2/2/2026

Michael Lickness
Kitchen Manager

Heather Flueger,
Public Health Sanitarian 3
507-206-2723
heather.flueger@state.mn.us

Rochester District Office
Minnesota Department of Health
3425 40th Avenue NW, Suite 115
Rochester, MN 55901

Temperature Observations/Recordings

Establishment Info

Valentines of Lake City, INC
Lake City
County/Group: Wabasha County

Inspection Info

Report Number: F7962261011
Inspection Type: Full
Date: 2/2/2026
Time: 10:15:43 AM

Food Temperature: Product/Item/Unit: mashed potato**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: thermometer on shelf in the warmest location**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Rochester District Office
Minnesota Department of Health
3425 40th Avenue NW, Suite 115
Rochester, MN 55901

Sanitizer Observations/Recordings

Establishment Info

Valentines of Lake City, INC
Lake City
County/Group: Wabasha County

Inspection Info

Report Number: F7962261011
Inspection Type: Full
Date: 2/2/2026
Time: 10:15:43 AM

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

Sanitizing Chemical: Product: Chlorine**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 100 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: Product: Hot Water Thermometer on Machine**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 191 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: Product: Hot Water Inspector max/min thermometer**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 172 Degrees F.
Comment:
Violation Issued?: No

Minnesota (MDH) Version
EH Manager; RPT: F7962261011

Food Establishment Inspection Report

Rochester District Office
Minnesota Department of Health
3425 40th Avenue NW, Suite 115
Rochester, MN 55901

No. of Risk Factor/Intervention/Violations	1	Date: 2/2/2026
No. of Repeat Risk Factor/Intervention/Violations		Time: 10:15:43 AM
Score (optional)		Dur: min

Establishment:	Address:	City/State:	Zip:	Phone:
Valentines of Lake City, INC	317 North Hight Street	Lake City, MN	55041	
License/Permit #:	**Permit Holder:**	**Purpose of Inspection:**	**Est. Type:**	**Risk Category:**
HFID 29088		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection **R**=repeat violation

	Compliance Status		COS	R
	Supervision			
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	IN	Certified Food Protection Manager		
	Employee Health			
3	IN	knowledge, responsibiities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
	Good Hygienic Practices			
6	IN	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
8	IN	Hands clean and properly washed		
9	IN	No bare hand contact with RTE foods, alternatives		
10	IN	Adequate handwashing sinks supplied and access		
	Approved Source			
11	IN	Food obtained from approved source		
12	N/O	Food Received at proper temperature		
13	IN	Food in good condition, safe & unadulterated		
14	N/A	Records available: shellstock tags, parasite dest.		
	Protection From Contamination			
15	IN	Food separated and protected		
16	OUT	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned,& unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	N/O	Proper cooking time & temperatures		
19	N/O	Proper reheating procedures for hot holding		
20	N/O	Proper cooling time and temperature		
21	N/A	Proper hot holding temperatures		
22	IN	Proper cold holding temperatures		
23	IN	Proper date marking & disposition		
24	N/A	Time as public health control;procedures & record		
	Consumer Advisory			
25	N/A	Consumer advisory provided for raw or undercooked foods		
	Highly Susceptible Populations			
26	IN	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additives and Toxic Substances			
27	N/A	Food additives; approved & properly used		
28	OUT	Toxic substances properly identified;stored;used		
	Conformance with Approved Procedures			
29	N/A	Compliance with variance, specialized processes & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

			COS	R
		Safe Food and Water		
30	N/A	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
		Food Temperature Control		
33	X	Proper cooling methods used; adequate equipment for temperature control		
34	N/O	Plant food properly cooked for hot holding		
35	N/O	Approved thawing methods used		
36		Thermometers provided & accurate		
		Food Identification		
37		Food properly labeled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, & animals not present; no unauthorized person		
39		Contamination prevented during food prep, storage, & display		
40	X	Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
		Proper Use of Utensils		
43	X	In-use utensils; Properly stored		
44		Utensils, equipment & linens; properly stored, dried, handled		
45		Single-use & single-service articles, properly stored and used		
46		Gloves used properly		
		Utensils, Equipment and Vending		
47	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X	Warewashing facilities: installed, maintained, used; test strips		
49	X	Non-food contact surfaces clean		
		Physical Facilities		
50		Hot & cold water available; adequate pressure		
51	X	Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities; properly constructed, supplied & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55	X	Physical facilities installed, maintained & clean		
56	X	Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing and plan review		

Person in Charge (signature)

Inspector (signature)

Follow-up: Follow-up Date:

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL29088016	**Date:** 2/2/2026
Facility Name: Valentine's of Lake City	
Facility Address: 317 High Street N., Lake City, MN 55041	

☒ **TAG IDENTIFICATION: 0800**

SCOPE/ SEVERITY: Level 1; Isolated **TIME PERIOD OF CORRECTION:** Seven (7) days

1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

   Comments:

   An outlet cover was missing from an outlet in resident room 10. The outlet cover should be replaced and maintained.

   The supply of spare sprinkler heads was obstructed by wiring, and the sprinkler wrench was not present in the box during survey. The sprinkler head box should be maintained in proper condition and organized with all required tools inside.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 1; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP did not include specific evacuation plans written for residents. The FSEP should include procedures for evacuation for residents of the facility.

2. Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. [Minn. Stat. 144G.45 subd.2]

   Comments: The documentation provided during survey indicated the most recent training occurred on December 31, 2024. No further documentation was provided and staff indicated that no resident training had occurred in 2025. Residents should be offered training on the FSEP at least once a year.