Electronically Delivered

August 24, 2026

Licensee
Vista Prairie at Ridgeway on 23rd
720 23rd Street North
New Ulm, MN 56073

RE: Project Number(s) SL23249017

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 22, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00
St - 0 - 0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each

matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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
	23249	A. BUILDING: _____ B. WING _____	07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT RIDGEWAY ON 23RD	720 23RD STREET NORTH NEW ULM, MN 56073

(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: SL23249017-0 On July 21, 2026, through July 22, 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 40 residents; 40 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (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 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	0 480		

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0 480	Continued From page 2 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 21, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
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 maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included completion of TB screening for active symptoms of TB for one of one employee (unlicensed personnel (ULP)-D). 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	0 660		

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0 660	Continued From page 4 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: The licensee's TB facility risk assessment dated April 15, 2026, indicated the licensee was a low risk. ULP-D was hired April 18, 2024, to provide direct care services. On July 22, 2026, at 7:39 a.m., the surveyor observed ULP-D administer R2's morning medications. ULP-D's Tuberculosis Screening result dated August 15, 2024, indicated ULP-D was negative for TB based on a QuantiFERON blood test. ULP-D's employee record lacked completion of a Baseline TB Screening Tool for Health Care Workers (HCWs) assessing symptoms of active TB disease. On July 21, 2026, at 3:41 p.m., licensed assisted living director in residency (LALDIR)-A stated ULP-D's employee file was missing the required TB screening tool as indicated above. The licensee's Tuberculosis Screening policy dated October 2022, indicated staff whose essential job functions require work within the same air space of home care clients will be screened and tested for tuberculosis prior to the staff being exposed to clients. Baseline (upon hire) screening will be completed.	0 660		

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0 660	Continued From page 5 The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated an employee may begin working with residents after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and	0 775		

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0 775	Continued From page 6 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated July 23, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
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. 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	0 800		

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0 800	Continued From page 7 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 July 23, 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=F	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; (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	0 810		

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0 810	Continued From page 8 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 two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated July 23, 2026, for the specific violations related the physical environment under Minnesota Statute	0 810		

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0 810	Continued From page 9 144G. TIME PERIOD FOR CORRECTION: Twenty One (21) days.	0 810		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning	01500		

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01500	Continued From page 10 and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one employee (unlicensed personnel (ULP)-D) completed all required annual training topics for each 12 months of employment. 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	01500		

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01500	Continued From page 11 situation has occurred only occasionally). The findings include: ULP-D was hired April 18, 2024, to provide direct care services. On July 22, 2026, at 7:39 a.m., the surveyor observed ULP-D administer R2's morning medications. ULP-D's record lacked evidence that ULP-D had completed the following annual training in the last 12 months of employment: - review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures. On July 21, 2026, at 3:41 p.m., licensed assisted living director in residency (LALDIR)-A stated policy and procedure review is done every summer and is due August 2026. LALDIR-A stated ULP-D did not complete all the required annual training as listed above. The licensee's Annual Required Staff Training policy revised September 2025 indicated the following training elements MUST be included every 12 months to all staff who performs direct care services: -review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		

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	23249	A. BUILDING: _____ B. WING _____	07/22/2026

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01530 SS=D	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation	01530		

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01530	Continued From page 13 for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct care staff received the required one hour of annual training on mental illness and de-escalation topics for one of one (unlicensed personnel (ULP)-D). 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: ULP-D was hired April 18, 2024, to provide direct care services. On July 22, 2026, at 7:39 a.m., the surveyor observed ULP-D administer R2's morning medications. ULP-D's record lacked evidence that ULP-D had completed the required one hour annual training in mental health and de-escalation training. On July 21, 2026, at 3:41 p.m., licensed assisted living director in residency (LALDIR)-A stated ULP-D's annual mental health and de-escalation training for one hour was currently in progress on June 10, 2026; however, it is not completed.	01530		

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01530	Continued From page 14 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the registered nurse (RN) failed to specify in writing, specific instructions for one of ten residents (R6) related to medication administration. 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).	01750		

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01750	Continued From page 15 The findings include: R6 was admitted to the licensee on October 10, 2023, and began receiving assisted living services. R6's Service Plan signed June 27, 2025, indicated R6 received assistance with medication administration. On July 22, 2026, at 8:09 a.m., the surveyor observed unlicensed personnel (ULP)-D administer oral medications to R6. ULP-D handed R6 fluticasone 50 micrograms (mcg) and R6 self-administered two sprays. R6's prescribed orders signed May 22, 2026, included fluticasone 50 mcg spray; inhale 1-2 sprays in both nostrils once daily. R6's Medication Administration Record (MAR) dated July 1, 2026, through July 31, 2026, included fluticasone 50 mcg nasal spray; inhale 1-2 sprays in both nostrils once daily to prevent allergy symptoms. The MAR lacked specific instructions of when to administer one spray verses two sprays of fluticasone. On July 22, 2026, at 8:10 a.m., the surveyor asked ULP-D how many sprays she instructs R6 to administer. ULP-D stated the resident does it herself and has never been instructed how many sprays. The surveyor further asked ULP-D if R6 were to ask how many sprays to administer, what would ULP-D instruct. ULP-D stated she would instruct R6 to use one spray, and if not effective, then spray again. On July 22, 2026, at 2:58 p.m., licensed practical	01750		

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01750	Continued From page 16 nurse (LPN)-F stated the MAR should specify the dose such as 1 or 2 sprays, and not a range of one or two sprays. The licensee's Administration of Medication, Treatment and Therapy by Unlicensed Personnel policy dated October 2025, indicated the RN may delegate to unlicensed personnel the task of providing assistance with self-administration of medications or may delegate administration of medications, treatment and therapy if the unlicensed personnel have satisfied the training requirements listed above and the RN has developed written, specific instruction for each resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01760 SS=E	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.	01760		

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01760	Continued From page 17 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to administer medications according to prescriber orders for six of eleven residents (R2, R5, R6, R7, R8, R9). 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 R2 was admitted on March 27, 2023, with diagnoses including Parkinson's disease. R2's Service Plan dated June 29, 2026, identified R2 received assistance with medication management. On July 22, 2026, at 7:29 a.m., the surveyor observed unlicensed personnel (ULP)-D administer R2's morning medications at breakfast which included carbidopa/levodopa 25 milligrams (mg)-100 mg 2.5 tablets, pantoprazole 40 mg, and ursodiol 300 mg. R2's signed provider orders dated May 13, 2026, included carbidopa/levodopa 25-100 mg, 2 ½ tablets by mouth three times daily at least 30 minutes before or 90 minutes after eating; pantoprazole 40 mg by mouth twice daily before meals; and ursodiol 300 mg by mouth twice daily	01760		

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01760	Continued From page 18 before meals. R2's medication administration record (MAR) dated July 1, 2026, through July 31, 2026, instructed to administer carbidopa/levodopa 25-100 mg take 2 ½ tablets by mouth three times a day; must be given at least 30 minutes prior to meals or 90 minutes after meals; pantoprazole 40 mg by mouth twice daily before meals; and ursodiol 300 mg by mouth twice daily before meals. ULP-D did not administer R2's medications before the breakfast meal, as directed. R5 R5 was admitted on July 8, 2024, with diagnoses including vascular dementia. R5's Service Plan dated July 6, 2026, identified R2 received assistance with medication management. On July 22, 2026, at 7:51 a.m., the surveyor observed ULP-D administer R5's morning medications at breakfast including levothyroxine 112 micrograms (mcg). R5's signed provider orders dated May 13, 2026, included levothyroxine 112 mcg by mouth daily every morning before breakfast. R5's medication administration record (MAR) dated July 1, 2026, through July 31, 2026, instructed to administer levothyroxine 112 mcg by mouth daily every morning before breakfast. ULP-D did not administer R5's medications before breakfast as directed.	01760		

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01760	Continued From page 19 R6 R6 was admitted on October 10, 2023, with diagnoses including dementia. R6's Service Plan dated May 27, 2025, identified R6 received assistance with medication management. On July 22, 2026, at 8:09 a.m., the surveyor observed ULP-D administer R6's morning medications at breakfast including levothyroxine 125 mcg and pantoprazole 40 mg. R6's signed provider orders dated May 22, 2026, included levothyroxine 112 mcg by mouth daily every morning before breakfast and pantoprazole 40 mg by mouth daily before meal. R6's medication administration record (MAR) dated July 1, 2026, through July 31, 2026, instructed to administer levothyroxine 125 mcg by mouth daily every morning before breakfast and pantoprazole 40 mg by mouth daily before a meal. ULP-D did not administer R6's medications before the breakfast meal, as directed. R7 R7 was admitted on November 25, 2019, with diagnoses including Alzheimer's dementia. R7's Service Plan dated July 10, 2026, identified R7 received assistance with medication management. On July 22, 2026, at 8:17 a.m., the surveyor observed ULP-D administer R7's morning medications at breakfast including omeprazole 20 mg.	01760		

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01760	Continued From page 20 R7's signed provider orders dated June 15, 2026, included omeprazole 20 mg by mouth daily before a meal. R7's medication administration record (MAR) dated July 1, 2026, through July 31, 2026, instructed to administer omeprazole 20 mg by mouth daily before a meal. ULP-D did not administer R7's medications before the breakfast meal, as directed. R8 R8 was admitted on April 3, 2025, with diagnoses including dementia. R8's Service Plan dated July 8, 2026, identified R8 received assistance with medication management. On July 22, 2026, at 8:35 a.m., the surveyor observed ULP-D administer R8's morning medications at breakfast including levothyroxine 50 mcg. R8's signed provider orders dated May 13, 2026, included levothyroxine 50 mcg by mouth daily before breakfast. R8's medication administration record (MAR) dated July 1, 2026, through July 31, 2026, instructed to administer levothyroxine 50 mcg by mouth daily before breakfast. ULP-D did not administer R8's medications before the breakfast meal, as directed.	01760		

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01760	Continued From page 21 R9 R9 was admitted on December 3, 2019, with diagnoses including Alzheimer's dementia. R9's Service Plan dated July 9, 2026, identified R9 received assistance with medication management. On July 22, 2026, at 8:35 a.m., the surveyor observed ULP-D administer R9's morning medications at breakfast including levothyroxine 25 mcg ½ tablet (12.5) mcg and levothyroxine 50 mcg together. R9's signed provider orders dated May 13, 2026, included levothyroxine 25 mcg ½ tablet by mouth daily on empty stomach 30-60 minutes before meals take with levothyroxine 50 mcg by mouth daily on empty stomach 30-60 minutes before meals. R9's medication administration record (MAR) dated July 1, 2026, through July 31, 2026, instructed to administer levothyroxine 25 mcg ½ tablet by mouth daily on empty stomach 30-60 minutes before meals take with levothyroxine 50 mcg tablet by mouth daily on empty stomach 30-60 minutes before meals. ULP-D did not administer R9's medications before the breakfast meal, as directed. On July 22, 2026, at 1:36 p.m., licensed practical nurse (LPN)-F stated the above mentioned medications should be administered according to prescriber orders. The licensee's Administration of Medication, Treatment, and Therapy by Unlicensed Personnel	01760		

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01760	Continued From page 22 policy revised October 2025, stated medications always need to be administered according to the follow the "6 rights" which included: - right person - right medication, treatment or therapy - right time - right route (by mouth, eye drops, to the skin, etc.) - right dose (how many milligrams, drops, etc.) - right chart/record to document that the medication, treatment and therapy was taken No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
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 medications were not expired and failed to ensure medications were maintained bearing the original prescription label for one of one resident (R10) with medications reviewed. 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	01890		

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01890	Continued From page 23 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: On July 22, 2026, at 2:01 p.m., the locked medication cart was reviewed with unlicensed personnel (ULP)-G and the following was observed: EXPIRED MEDICATION R10's One Touch Delica 30G lancets 100's had an expiration date of December 2022. NO PRESCRIPTION LABEL R10's Lantus Solostar insulin pen 100 unit/milliliter did not include a prescription label. ULP-G stated it was R10's insulin pen. On July 22, 2026, at 2:58 p.m., licensed practical nurse (LPN)-F stated prescriptions should bear an original prescription label, and expired medications should be discarded per policy. LPN-F stated going forward, the nurse will complete medication cart audit instead of the care coordinator. The licensee's Storage of Medications policy dated October 2025, indicated a legend drug must be kept in the original container bearing the original prescription label with legible information stating the prescription number, name of drug, strength and quality of drug, expiration date of time-dated drug, directions for use, resident's name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the medications.	01890		

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01890	Continued From page 24 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to complete in the resident's record the disposition of medications, including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in	01910		

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VISTA PRAIRIE AT RIDGEWAY ON 23RD	720 23RD STREET NORTH NEW ULM, MN 56073

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01910	Continued From page 25 the disposition for one of one discharged resident (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 began receiving services on July 14, 2020, with diagnoses including dementia. R1's discharge summary dated April 23, 2026, identified R1 received services which included medication administration. R1's Medication Administration Record dated April 2026, included: -acetaminophen ES 500 milligrams (mg), 2 tablets by mouth three times daily; -brimonidine 0.2% ophthalmic solution, instill 1 drop into both eyes twice daily; -carboxymethylcellulos eye drop , instill 1 drop into both eyes twice daily; -dorzolamide/timolol ophthalmic solution, instill 1 drop into both eyes twice daily; -latanoprost 0.005% ophthalmic solution, instill 1 drop into both eyes every night at bedtime; -rhopressa 0.02% ophthalmic solution, instill 1 drop into left eye every night at bedtime; -risperidone 1 mg by mouth daily in the morning; -rosuvastatin 20 mg by mouth daily; -sertraline 100 mg by mouth daily; -tab-a-vite by mouth daily; and	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23249	A. BUILDING: _____ B. WING _____	07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT RIDGEWAY ON 23RD	720 23RD STREET NORTH NEW ULM, MN 56073

(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
01910	Continued From page 26 -trazodone 100 mg by mouth every night at bedtime. R1 was discharged from the licensee on April 23, 2026. R1's record lacked completed documentation of a disposition of medications upon discharge that included: -medication name; -strength; -prescription number as applicable -quantity; -to whom the medications were given; -date of disposition; and -names of staff and other individuals involved in the disposition. On July 21, 2026, at 4:17 p.m., clinical nurse supervisor (CNS)-C stated the licensee did not complete a disposition of medications upon R1's discharge. CNS-C stated that it was missing. The licensee's Disposition or Disposal of Medication policy dated October 2026, indicated upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, date of disposition, and names of staff and other individuals involved in the disposition. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23249	A. BUILDING: _____ B. WING _____	07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT RIDGEWAY ON 23RD	720 23RD STREET NORTH NEW ULM, MN 56073

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01940	Continued From page 27 ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to include on the service plan a written statement of the treatment or therapy services provided for two of two residents (R2, R4) receiving treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23249	A. BUILDING: _____ B. WING _____	07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT RIDGEWAY ON 23RD	720 23RD STREET NORTH NEW ULM, MN 56073

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01940	Continued From page 28 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 R2 was admitted on March 27, 2024, with diagnoses including Parkinson's disease. R2's Individual Treatment and Therapy Plan dated June 7, 2024, indicated R2 received compression stockings. R2's service plan dated June 29, 2026, lacked a written statement of the treatment or therapy services of assistance with compression stockings. R4 R4 was admitted on October 21, 2019, with diagnoses including transient cerebral ischemic attack. R4's Individual Treatment and Therapy Plan dated July 10, 2026, indicated R4 received blood pressure twice weekly. R4's service plan dated April 23, 2026, lacked a written statement of the treatment or therapy service of blood pressure check twice weekly. On July 23, 2026, at 3:20 p.m., clinical nurse supervisor (CNS)-C stated R2 and R4's service plans did not include the treatment services as listed above and that R2 and R4's service plans	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23249	A. BUILDING: _____ B. WING _____	07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT RIDGEWAY ON 23RD	720 23RD STREET NORTH NEW ULM, MN 56073

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01940	Continued From page 29 needed to be updated. The licensee's Medication & Treatment - Administration & Delegation policy dated October 2025, indicated the licensee will prepare and include in the service plan a written statement of the medication management or treatment/therapy services that will be provided to the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01940		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the license failed to ensure documentation that treatments were completed as instructed for one of two residents (R2) who had an ordered treatment. 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	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23249	A. BUILDING: _____ B. WING _____	07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT RIDGEWAY ON 23RD	720 23RD STREET NORTH NEW ULM, MN 56073

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01960	Continued From page 30 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 March 27, 2024, with diagnoses including Parkinson's disease. R2's Individual Treatment and Therapy Plan dated June 7, 2024, indicated R2 received assistance with compression stockings. R2's physician order on May 13, 2026, included an order for compression stockings on in the morning, off at night. R2's record did not include documentation of compression stockings. On July 23, 2026, at 3:20 p.m., clinical nurse supervisor (CNS)-C stated R2's record lacked documentation for compression stockings, as this was missed. The licensee's Medication & Treatment - Administration & Delegation policy dated October 2025, indicated the licensee would develop and maintain a current individualized treatment and each staff member who administers a treatment or therapy is responsible for documenting this in the clinical record. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23249	A. BUILDING: _____ B. WING _____	07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT RIDGEWAY ON 23RD	720 23RD STREET NORTH NEW ULM, MN 56073

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02240 SS=C	144G.90 Subdivision 1 Assisted living bill of rights; notification (a) An assisted living facility must provide the resident a written notice of the rights under section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand. (b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse: "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. If you would like to request advocacy services, you may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." (c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, email, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint.	02240		

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02240	Continued From page 32 (d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the resident's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current Minnesota Bill of Rights for Assisted Living Residents was provided and a written acknowledgement was received for three of three residents (R2, R3, R4). 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 of the residents). The findings include: R2 was admitted on March 27, 2024, with diagnosis that included Parkinson's disease. R3 was admitted on November 7, 2023, with diagnosis that included Alzheimer's disease. R4 was admitted on October 21, 2019, with diagnosis that included transient cerebral ischemic attack. R2, R3, R4's records did not contain written acknowledgement of receipt of the current Assisted Living Bill of Rights (BOR) dated January 1, 2026.	02240		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23249	A. BUILDING: _____ B. WING _____	07/22/2026

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02240	Continued From page 33 On July 23, 2026, at 12:58 p.m., licensed practical nurse (LPN)-F stated R2, R3, R4's BOR were provided and acknowledged prior to the change on January 1, 2026, and did not get updated yet. This would include all the licensee's residents prior to January 1, 2026, update. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02240		

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

VISTA PRAIRIE AT RIDGEWAY ON 2
720 23RD STREET NORTH
New Ulm, MN 56073
Brown County
Parcel:

Phone:

License Info

License: HFID 23249

Risk:
License:
Expires on:
CFPM: Rubidia Kaufenberg
CFPM #: 121806; Exp: 3/4/2027

Inspection Info

Report Number: F1033261188
Inspection Type: Full - Single
Date: 7/21/2026 Time: 11 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 2
Total Priority 3 Orders: 1
Delivery: Emailed

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: **Quaternary ammonium test kit is expired.**
Comply By: 8/4/2026 Originally Issued On: 7/21/2026

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11A *Priority Level: Priority 2 CFP#: 16*
MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.
COMMENT: **Can opener blade has dried food debris on it.**
Comply By: 7/21/2026 Originally Issued On: 7/21/2026

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: **Wall trim damage near the dish machine.**
Comply By: 9/30/2026 Originally Issued On: 7/21/2026

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 Mankato District Office inspection report number F1033261188 from 7/21/2026

Isaiah Armendariz

Establishment Representative

Isaiah Armendariz,
Public Health Sanitarian 2
507-344-2743
isaiah.armendariz@state.mn.us

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Temperature Observations/Recordings

Establishment Info

VISTA PRAIRIE AT RIDGEWAY ON 2
New Ulm
County/Group: Brown County

Inspection Info

Report Number: F1033261188
Inspection Type: Full
Date: 7/21/2026
Time: 11 AM

Food Temperature: Product/Item/Unit: Glazed Ham**; Temperature Process:** Hot-Holding
Location: Steam Table at 152 Degrees F.
Comment:
Violation Issued?: No

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

Food Temperature: Product/Item/Unit: Green Beans**; Temperature Process:** Hot-Holding
Location: Steam Table at 147 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Tomatoes**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

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

Equipment Temperature: Product/Item/Unit: ; Temperature Process: Ambient Air
Location: Display Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: ; Temperature Process: Ambient Air
Location: Walk-in Freezer at 0> Degrees F.
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL23249017	**Date:** 7/23/2026
Facility Name: Vista Prairie at Ridgeway	
Facility Address: 720 23rd Street North; New Ulm, MN 56073	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Controlled egress locking systems shall: unlock upon activation of either the automatic sprinkler system or automatic fire detection system, unlock upon loss of power controlling the lock, have the capability of being unlocked from the fire command center, a nursing station, or other approved location. Building occupants shall not be required to pass through more than one controlled egress locked door before entering an exit. The procedures for operation of the unlocking system shall be described as part of the fire safety and evacuation plan. All clinical staff shall have the keys, codes, or other means necessary to operate the locking device. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.7]

   Comments: No remote release hardware was installed to release controlled egress doors located in the main hallway separating memory care and assisted living portions of the facility.

2. Fire detection and alarm systems, emergency alarm systems, gas detection systems, fire-extinguishing systems, mechanical smoke exhaust systems and smoke and heat vents shall be maintained in an operative condition at all times and shall be replaced or repaired where defective. [Minn. Stat. 144G.45 subd. 2; MSFC 901.6]

   Comments: The Fire Department Connection (FDC) located next to the main entrance is blocked by overgrown vegetation. The instruction plate located on the Post Indicator Valve (PIV) is foggy, which is obstructing the view, and needs to be replaced.

☒ **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: The exterior siding located on the north side of the building had areas of chipping and peeling paint.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

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

   Comments: The licensee failed to provide procedures for resident movement, evacuation, or relocation during a fire or similar emergency relative to the facility's building layout and environmental risks.

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 licensee failed to provide proof that residents capable of assisting in their own evacuation received training on the proper actions to take in the event of a fire to include movement, evacuation, or relocation.

3. 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 licensee failed to provide proof of fire protection procedures necessary for residents.