Electronically Delivered

August 21, 2026

Licensee
Villa St Vincent
516 Walsh Street
Crookston, MN 56716

RE: Project Number(s) SL30289016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 23, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

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

specific statute(s).

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

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

INFORMAL CONFERENCE
In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Villa St. Vincent. Please contact Jessie Chenze at 218-332-5175 on or before Monday, August 24, 2026 to schedule the conference call.

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

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

If you have any questions, please contact me.

Sincerely,

Jessie Chenze

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30289	A. BUILDING: _____ B. WING _____	07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA ST VINCENT	516 WALSH STREET CROOKSTON, MN 56716

(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: SL30289016-0 On July 20, 2026, through July 23, 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 53 residents; 52 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.	
0 100 SS=F	144G.10 Subdivision 1 License required (a)(1) Beginning August 1, 2021, no assisted	0 100		

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0 100	Continued From page 1 living facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). If a portion of a licensed assisted living facility building is utilized by an unlicensed entity or an entity with a license type not granted under this chapter, the licensed assisted living facility must ensure there is at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between any licensed assisted living facility areas and unlicensed entity areas of the building and between the licensed assisted living facility areas and any licensed areas subject to another license type. (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted	0 100		

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0 100	Continued From page 2 living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to demonstrate legal responsibility for the control and operation of the facility when the licensee allowed use of the facility space to operate a daycare. This had the potential to affect all residents, staff, and visitors. 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: During the entrance conference on July 20, 2026, at 11:20 a.m., clinical nurse supervisor (CNS)-B stated the licensee was familiar with current minimum assisted living requirements.	0 100		

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0 100	Continued From page 3 On July 20, 2026, from 12:08 p.m. through 12:32 p.m., the surveyor toured the facility with CNS-B. The building consisted of four levels. A daycare was located on the lower level of the building with a sign posted "Child Care drop-off. We will be in the daycare." The daycare did not have a separate entrance from the assisted living facility. CNS-B stated the daycare was run through the licensee's corporation and was available for staff and outside community members to use for daycare services. The licensee's website indicated the daycare was a year-round preschool program and had the opportunity for an intergenerational community with children interacting with the seniors at the assisted living facility. In addition, you do not need to be an employee of the licensee to enroll a child as the childcare program was open to the public. On July 21, 2026, at 7:48 a.m., the surveyor observed adults with children enter the main entrance of the assisted living facility and used the stairs or elevator to go down to the daycare entrance. Unlicensed personnel (ULP)-D stated the assisted living front entrance was used to access the daycare in the lower level. ULP-D further stated the assisted living residents, along with the attached skilled nursing facility residents, and children from the daycare participated in intergenerational activities. On July 21, 2026, at approximately 10:35 a.m., executive director (ED)-J stated the staff at the daycare were not employees of the assisted living facility. ED-J further stated the daycare was a separate entity, housed in the lower level of the assisted living facility, and participated in intergenerational activities with residents at the assisted living facility along with residents at the	0 100		

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0 100	Continued From page 4 attached skilled nursing facility. ED-J stated the daycare entrance did not have a separate entrance, and the front door of the assisted living facility was used. On July 23, 2026, at 3:18 p.m., the Minnesota Department of Health (MDH) engineer completed a facility tour. The MDH engineer e-mailed (electronic mail) the surveyor, which indicated the main entrance door to the daycare was accessed through the assisted living building. In addition, there was not a two-hour vertical fire barrier between the daycare and the assisted living facility. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 100		
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 supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not	0 480		

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0 480	Continued From page 5 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	0 480		

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0 480	Continued From page 6 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, 2023, 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		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.	01290		

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01290	Continued From page 7 (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the employee's current background study clearance was affiliated with the correct health care facility identification number (HFID) for two of nine employees (unlicensed personnel (ULP)-K, laundry assistant (LA)-L). This had the potential to affect all residents living within the facility. 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: During the entrance conference on July 20, 2026, at 11:34 a.m., clinical nurse supervisor (CNS)-B stated the licensee was aware of required contents in an employee record. ULP-K ULP-K was hired on June 4, 2026, to provide direct care services to residents at the assisted living facility.	01290		

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01290	Continued From page 8 ULP-K's employee record contained a cleared background study with the HFID 815 for the licensee's sister skilled nursing facility and not the correct HFID 30289 for the licensee. LA-L LA-L was hired on February 26, 2026, to provide laundry services for residents at the assisted living facility. LA-L's employee record contained a cleared background study with the HFID 815 for the licensee's sister skilled nursing facility and not the correct HFID 30289 for the licensee. On July 21, 2026, at 10:38 a.m., human resources (HR)-G stated HR-G was responsible for coordinating background studies on new employees. The surveyor reviewed the licensee's NETStudy 2.0 Roster with HR-G. HR-G stated ULP-K and LA-L were current employees at the assisted living facility. HR-G further stated ULP-K and LA-L's background studies were completed under the sister skilled nursing facility HFID instead of the licensee's HFID, however, HR-G had access to the sister skilled nursing facility and would be notified if ULP-K and LA-L would become ineligible to work. The licensee's Background Checks policy dated 2024, indicated a background check will be completed for all community and Support Center associates, and for volunteers, students/interns, temporary staff, agency staff and independent contractors. The policy did not address background study affiliation. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2)	01290		

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01290	Continued From page 9 days	01290		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the steps of the medication administration process was followed for one of two employees (unlicensed personnel (ULP)-E) observed administering medications. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on July 20, 2026, at 11:26 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility.	02320		

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02320	Continued From page 10 R5 R5's diagnoses included dry eye and glaucoma (vision loss). R5's Service Plan with Schedule dated April 29, 2026, indicated R5's services included medication administration. R5's prescriber orders dated June 23, 2026, included orders for brimonidine (for glaucoma) 0.15% one drop into the left eye twice daily for 30 days, and timolol (for glaucoma) 0.25% one drop into the left eye twice daily. R5's Medication Administration Record (MAR) dated July 2026, indicated brimonidine 0.15% one drop in the left eye twice daily, and timolol 0.25% one drop into the left eye twice daily. On July 21, 2026, at 6:51 a.m., the surveyor observed ULP-E provide scheduled morning medication for R5. ULP-F administered one drop of brimonidine into R5's left eye, and approximately 30 seconds later administered one drop of timolol into R5's left eye. During the observation, ULP-E stated ULP-E needed to wait about one minute in between eye drops. The surveyor did not observe ULP-E wait three to five minutes in between eye drops. On July 22, 2026, at 11:53 a.m., registered nurse (RN)-C stated ULPs were trained to wait three to five minutes in between all eye drop administrations regardless of the eye drop type. CNS-B stated CNS-B reviewed the package insert instructions for the eye drops, which indicated to wait five minutes in between drops. The manufacturer's instructions for brimonidine dated March 2016, indicated if more than one	02320		

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02320	Continued From page 11 topical ophthalmic (eye) product is to be used, the different products should be instilled at least five minutes apart. R8 R8's diagnoses included acute respiratory failure and chronic obstructive pulmonary disease (COPD- difficult breathing). R8's Service Plan with Schedule dated May 20, 2026, indicated R8's services included medication administration. R8's prescriber orders dated June 30, 2026, included an order for Trelegy Ellipta (for COPD) 100-62.5-25 micrograms (mcg) inhale one puff daily. Have resident rinse mouth every after use [sic]. R8's MAR dated June 2026, and July 2026, respectively, indicated Trelegy Ellipta 100-62.5-25 mcg inhale one puff daily. Have resident rinse mouth every after use [sic]. On July 21, 2026, at 7:11 a.m., the surveyor observed ULP-E provide scheduled morning medication administration for R8. ULP-E handed R8 the Trelegy Ellipta inhaler for self-administration, R8 inhaled one puff from the Trelegy Ellipta inhaler, and R8 returned the Trelegy Ellipta inhaler back to ULP-E. ULP-E handed R8's morning oral medications along with a glass of water to R8, R8 took the oral medications, and swallowed the water. The surveyor did not observe ULP-E offer R8 water to rinse and spit after inhalation of the Trelegy Ellipta inhaler. ULP-E stated R8 did not typically rinse and spit after inhalation of the Trelegy inhaler. On July 21, 2026, at 1:52 p.m., regional	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30289	A. BUILDING: _____ B. WING _____	07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA ST VINCENT	516 WALSH STREET CROOKSTON, MN 56716

(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
02320	Continued From page 12 registered nurse (RRN)-H stated ULPs were trained to follow the specific instructions listed on the electronic medication administration record (EMAR), and R8 should be offered water to rinse and spit after use of the Trelegy Ellipta inhaler. The manufacturer's instructions for Trelegy Ellipta dated January 2019, indicated to rinse mouth with water after using the Trelegy Ellipta inhaler and spit the water out. Do not swallow the water. The licensee's Medication, Treatment, and Therapy Administration- Licensed and ULPs policy dated 2021, indicated the ULP demonstrates their ability to competently follow the delegated medication administration to the RN. In addition, medications will be administered as directed by the resident's Provider [sic] orders, the service plan and MAR. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

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

Food & Beverage Inspection Report

Establishment Info

VILLA ST VINCENT
516 Walsh St
Crookston, MN 56716
Polk County
Parcel:

Phone:

License Info

License: HFID 30289

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

Inspection Info

Report Number: F1049261132
Inspection Type: Full - Single
Date: 7/21/2026 Time: 11:30 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery:

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
COMMENT: THERE WAS SIGNIFICANT DUST BUILD UP ON THE CEILING VENTS, CEILING BY THE LIGHT FIXTURE, AND ON THE WALL NEXT TO THE UPRIGHT COOLER. PIC INSTRUCTED TO CLEAN THESE AREAS ACCORDINGLY.
Comply By: 7/21/2026 Originally Issued On: 7/21/2026

Food & Beverage General Comment

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

THE ASSISTED LIVING HAS A SERVING KITCHEN. ALL FOOD IS PREPPED AND COOKED IN THE BASEMENT NURSING HOME KITCHEN AND BROUGHT UP TO THE ASSISTED LIVING SERVING KITCHEN.

ALL DISHES AND UTENSILS ARE BROUGHT TO THE NURSING HOME KITCHEN TO BE PROPERLY WASHED AND SANITIZED.

THE SERVING KITCHEN HAD ACT CEILING TILES, WOOD CABINETS, SMOOTH FLOORING, ANSI CERTIFIED EQUIPMENT, AND PAINTED DRYWALL.

Things to Remember:

1. The Certified Food Manager should be routinely conducting self inspections to ensure that employees are following proper food handling practices.

2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up to date employee illness log.

3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.

4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

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

I acknowledge receipt of the Fergus Falls District Office inspection report number F1049261132 from 7/21/2026

Stephanie Reynolds

Establishment Representative

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

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

Temperature Observations/Recordings

Establishment Info

VILLA ST VINCENT
Crookston
County/Group: Polk County

Inspection Info

Report Number: F1049261132
Inspection Type: Full
Date: 7/21/2026
Time: 11:30 AM

Food Temperature: Product/Item/Unit: Peas**; Temperature Process:** Hot-Holding
Location: Steam Table at 156 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Chicken**; Temperature Process:** Hot-Holding
Location: Steam Table at 184 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Sliced Tomatoes**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Coleslaw **; Temperature Process:** Cold-Holding
Location: Upright Cooler at 41 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

VILLA ST VINCENT
Crookston
County/Group: Polk County

Inspection Info

Report Number: F1049261132
Inspection Type: Full
Date: 7/21/2026
Time: 11:30 AM

Sanitizing Chemical: **Product:** Sink and Surface**; Sanitizing Process:** Wiping Cloth Bucket
Location: Back **Equal To** 272 PPM
Comment:
Violation Issued?: No