Electronically Delivered

October 9, 2026

Licensee
River's Edge
513 10th Street Southeast
Hallock, MN 56728

RE: Project Number(s) SL30589016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 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.

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 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $1,000.00

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,

Jessie Chenze

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

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30589	A. BUILDING: _____ B. WING _____	09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER'S EDGE	513 10TH STREET SE HALLOCK, MN 56728

(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: SL30589016-0 On September 21, 2026, through September 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 eight residents; five receiving services under the Assisted Living Facility license. An immediate correction order was identified on September 22, 2026, issued for SL30589016-0, tag identification 1290. The licensee took action on September 23, 2026, to mitigate the risk; however, the scope and level remains at level 3/Widespread (I).	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 oMinnesota Department of Health is documenting the State Correction Orders using federal software. Tag ut 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.	

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0 775	Continued From page 1	0 775		
0 775 SS=E	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, record review, and interview, 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated September 21, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 775		
01290 SS=I	144G.60 Subdivision 1 Background studies required	01290		

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01290	Continued From page 2 (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. (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 observation, interview, and record review, the licensee failed to ensure current employee records contained all the required content to include a current background study clearance letter for one of five employees (unlicensed personnel (ULP)-C). This had the potential to affect all residents living within the facility. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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:	01290		

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01290	Continued From page 3 This resulted in an immediate correction order on September 22, 2026. During the entrance conference on September 21, 2026, at 1:17 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was aware of required contents in an employee record. ULP-C was hired on April 20, 2026, to provide direct care to residents. The licensee's schedule dated September 2026, indicated ULP-C had worked alone and unsupervised on September 18, 19, 20, and 22, respectively. On September 22, 2026, at approximately 12:15 p.m., the surveyor observed ULP-C serving lunch to residents unsupervised. ULP-C's employee record lacked a cleared background study through the Minnesota Department of Human Services (MN DHS) NETStudy 2.0 website. On September 22, 2026, at 1:52 p.m., ULP-C stated ULP-C worked unsupervised at the facility. On September 22, 2026, at 1:56 p.m., LALD/CNS-A stated human resources (HR) was responsible for completing employee background checks on the MN DHS NETStudy 2.0 website. Further, LALD/CNS-A stated ULP-C was a current employee and worked unsupervised. LALD/CNS-A stated ULP-C was not listed on the licensee's NETStudy 2.0 Roster and was not notified of ULP-C's ineligible background study until surveyor interview.	01290		

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01290	Continued From page 4 On September 22, 2026, at 2:09 p.m., HR-F stated HR-F has access to NETStudy 2.0 Roster for the entire campus which includes notifications for staff of the licensee, hospital, home health, skilled nursing facility, and hospice. ULP-C was affiliated with the licensee's hospital agency and deemed "Eligible - No Longer Valid". The Notice of Background Study Disqualification dated September 17, 2026, indicated the licensee may allow ULP-C to work during reconsideration, however, ULP-C needed to be within sight or hearing of a staff person with a cleared background study. HR-F indicated that ULP-C informed HR-F on September 21, 2026, at 10:30 p.m., about the letter regarding ineligibility of background study clearance. HR-F stated ULP-C requested reconsideration. The licensee's Screening of Job Applicants policy dated July 16, 2021, indicated all job applicants will be screened, including background checks, and no new employees will have unsupervised direct contact with clients until required screenings have been satisfactorily completed. The licensee's Personnel Records policy dated September 16, 2014, indicated employee records will include documentation of a completed criminal background study. Continuous Direct Supervision defined in NETStudy 2.0 System User Manual Updated July 7, 2023, page 7: Continuous, Direct Supervision - An individual is within sight or hearing of the program's supervising individual to the extent that the program's supervising individual is capable at all times of intervening to protect the health and safety of the persons served by the program. Direct Contact Services - Providing face-to-face care, training, supervision, counseling,	01290		

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01290	Continued From page 5 consultation, or medication assistance to persons served by the entity. Supervision defined in, NETStudy 2.0 System User Manual Updated July 7, 2023, page 53: Supervision Status Study subjects must be under continuous, direct supervision until the study subject is determined eligible until the entity is notified by DHS that the study subject may provide unsupervised services while the background study is being completed. The supervision status is shown in the "Supervision Required" column for convenience. However, programs are instructed to rely on background study notices for supervision status and other background study determination information. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	01290		
01350 SS=D	144G.60 Subd. 5 Temporary staff When a facility contracts with a temporary staffing agency, those individuals must meet the same requirements required by this section for personnel employed by the facility and shall be treated as if they are staff of the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained the required content of orientation to assisted living statutes for one of one employee (registered nurse (RN)-D). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01350		

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01350	Continued From page 6 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 September 21, 2026, at 1:17 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was aware of required contents in an employee record. The licensee was approved by the Minnesota Department of Health for an innovation variance to allow skilled nursing facility staff to answer call lights during the overnight shift while no staff were on-site at the attached assisted living facility. The variance was approved on February 2, 2023, and had an open expiration date. RN-D was hired on October 10, 2025, as contract staff at the licensee's skilled nursing facility. RN-D was responsible for answering call lights during the overnight shift at the assisted living facility. RN-D's employee record lacked documentation of orientation to assisted living statutes. On September 22, 2026, at 10:51 a.m., LALD/CNS-A confirmed RN-D was a contracted employee and answered call lights at the assisted living overnight. Further, LALD/CNS-A stated RN-D had completed orientation to assisted living, however, was unable to provide proof RN-D had completed the required orientation.	01350		

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01350	Continued From page 7 The licensee's Personnel Records policy dated October 1, 2014, indicated contracted employees the licensee would maintain a current employee record. The policy did not address documentation of training requirements for contracted staff. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01350		
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 document in the resident's	01910		

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01910	Continued From page 8 record all required content for disposition of the medications for one of one resident (R1) upon discharge. 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 September 21, 2026, at 1:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided medication management services to residents at the facility. The licensee's undated Discharged or Deceased Resident Roster indicated R1 started receiving services at the facility on July 3, 2024, and was discharged on April 10, 2026. R1's diagnoses included macular degeneration (vision loss). R1's Assisted Living Service Plan dated December 31, 2025, indicated R1 received medication setup by RN (registered nurse) services weekly. R1's Med (medication) Setup dated March 11, 2026, indicated R1 had the following medications setup: -atorvastatin calcium (for cholesterol) 10 milligram (mg) daily	01910		

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01910	Continued From page 9 -Eliquis (blood thinner) 2.5 mg two times daily -escitalopram (antidepressant) 20 mg daily -Lasix (diuretic) 20 mg daily -latanoprost (for glaucoma) 0.005% one drop each eye every night -Macutene eye vitamin (supplement) one tab two times daily -melatonin (sleep aid) 5 mg daily -metoprolol succinate (antihypertensive) 50 mg extended-release tablet daily -pantoprazole sodium (for acid reflux) 40 mg delayed release tablet daily -potassium chloride (supplement) 10 milliequivalents (mEq) extended-release tablet daily -red grape powder (supplement) one tab (tablet) daily -Tylenol Extra Strength (for pain) 500 mg one to two tabs (tablets) every six hours as needed for pain -vitamin C (supplement) 500 mg daily -vitamin D3 (supplement) 125 micrograms (mcg) (5000 International Units) daily -Xanax (antianxiety) 0.25 mg daily as needed R1's prescriber orders dated November 26, 2025, included the above noted medications. R1's Discharge/Transfer dated April 10, 2026, indicated R1 was discharged to a nursing home per R1's request. R1's Record of the Inventory and Destruction of Controlled and Uncontrolled Substances dated April 10, 2026, included all medications noted above, however, the column titled "Rx Number" was left blank for all medications. On September 23, 2026, at 9:31 a.m., LALD/CNS-A stated the licensee was aware	01910		

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01910	Continued From page 10 prescription numbers were required, if applicable, in the medication disposition documentation. Further, LALD/CNS-A stated the prescription number was typically always filled out on the form, however, the prescription numbers were not filled out on R1's Record of the Inventory and Destruction of Controlled and Uncontrolled Substances form. The licensee's Disposition or Disposal of Medication policy dated May 10, 2022, indicated for the disposal of unused or discontinued prescription drugs managed by the licensee, documentation of the prescription number must be recorded in the client's record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
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)-C) observed administering	02320		

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02320	Continued From page 11 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 September 21, 2026, at 1:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided medication management services to residents at the facility. ULP-C's employee record indicated ULP-C completed medication administration training, including eye drops, and passed competency testing on April 24, 2026. R2's diagnoses included glaucoma (vision loss), and dry eyes. R2's Assisted Living Service Plan dated August 5, 2026, indicated R2's services included medication administration. R2's prescriber orders dated August 18, 2026, included orders for Timolol Maleate (for glaucoma) one drop into both eyes twice daily, and Refresh Relieva (for dry eyes) one drop into each eye three times daily. R2's Medication Administration Record (MAR) dated August 2026, and September 2026,	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30589	A. BUILDING: _____ B. WING _____	09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER'S EDGE	513 10TH STREET SE HALLOCK, MN 56728

(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 respectively, indicated Timolol Maleate 0.5% one drop in each eye twice daily, and Refresh Relieva one drop in each eye three times daily. On September 22, 2026, at 4:32 p.m., the surveyor observed ULP-C provide scheduled afternoon medication administration for R2. ULP-C administered one drop of Timolol Maleate into each of R2's eyes and immediately after administered one drop of Refresh Relieva into each of R2's eyes. ULP-C stated ULP-C did not wait five minutes in between each eye drop. During the observation, the surveyor observed written instructions listed on R2's fridge, which indicated to wait five minutes in between each eye drop. On September 23, 2026, at 9:38 a.m., LALD/CNS-A stated ULPs were expected to follow the instructions listed on R2's fridge and were supposed to wait five minutes in between eye drop administration. LALD/CNS-A further stated LALD/CNS-A had recently provided follow up education regarding R2's eye drop administration and had discussed the importance of waiting at least five minutes in between administering multiple eye drops. The manufacturer's instructions for Timolol Maleate dated June 2020, indicated if more than one topical ophthalmic (eye) product is to be used, the drugs (medications) should be administered at least five minutes apart. The licensee's Administration of Medication by ULPs policy dated July 17, 2021, indicated the RN (registered nurse) may delegate to ULPs to task of medication administration after the ULP has satisfied training requirements and demonstrated the ability to competently follow the	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30589	A. BUILDING: _____ B. WING _____	09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER'S EDGE	513 10TH STREET SE HALLOCK, MN 56728

(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 13 medication administration procedure to the RN, which included following written, specific instructions for each client (resident). No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

Bemidji District Office
Minnesota Department of Health
706 5th St NW, Suite A
Bemidji, MN 56601
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

RIVER'S EDGE AT KITTSON MEMORIAL
513 10th Street SE
Hallock, MN 56728
Kittson County
Parcel:

Phone:

License Info

License: HFID 30589

Risk:
License:
Expires on:
CFPM: N/A
CFPM #: N/A; Exp:

Inspection Info

Report Number: F1002261137
Inspection Type: Full - Single
Date: 9/22/2026 Time: 11:00:00 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

This assisted living facility receives three meals a day from the adjacent healthcare facility. The meals are plated and covered to retain heat. Any leftover food is discarded. There are also snacks available in the kitchen.

Discussion:
Handwashing
Employee Illness
Safe cleaning, sanitizing and warewashing
Food service among highly susceptible populations
Thermometer calibration

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 Bemidji District Office inspection report number F1002261137 from 9/22/2026

JODEE SUGDEN
ASSISTED LIVING ADMINISTRATOR

Cassandra Hua

Cassandra Hua, REHS
Public Health Sanitarian 3
218-308-2142
cassandra.hua@state.mn.us

Bemidji District Office
Minnesota Department of Health
706 5th St NW, Suite A
Bemidji, MN 56601

Temperature Observations/Recordings

Establishment Info

RIVER'S EDGE AT KITTSON MEMORIAL
Hallock
County/Group: Kittson County

Inspection Info

Report Number: F1002261137
Inspection Type: Full
Date: 9/22/2026
Time: 11:00:00 AM

Food Temperature: Product/Item/Unit: COTTAGE CHEESE**; Temperature Process:** Cold-Holding
Location: WHIRLPOOL COOLER at 38 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT TEMP**; Temperature Process:**
Location: WHIRLPOOL FREEZER at 0 Degrees F.
Comment: FROZEN SOLID
Violation Issued?: No

Food Temperature: Product/Item/Unit: STROGANOFF**; Temperature Process:** RECEIVING
Location: CAMBRO at 146 Degrees F.
Comment: RECEIVED FROM ADJACENT NURSING FACILITY
Violation Issued?: No

Bemidji District Office
Minnesota Department of Health
706 5th St NW, Suite A
Bemidji, MN 56601

Sanitizer Observations/Recordings

Establishment Info

RIVER'S EDGE AT KITTSON MEMORIAL
Hallock
County/Group: Kittson County

Inspection Info

Report Number: F1002261137
Inspection Type: Full
Date: 9/22/2026
Time: 11:00:00 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 160 Degrees F.
Comment: THERMOLABEL
Violation Issued?: No

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Pre-Soaked Towelettes
Location: Kitchen **200** 100 PPM
Comment:
Violation Issued?: No

Minnesota (MDH) Version
EH Manager; RPT: F1002261137

Food Establishment Inspection Report

Bemidji District Office
Minnesota Department of Health
706 5th St NW, Suite A
Bemidji, MN 56601

No. of Risk Factor/Intervention/Violations	0	Date: 9/22/2026
No. of Repeat Risk Factor/Intervention/Violations		Time: 11:00 AM
Score (optional)		Dur: min

Establishment:	Address:	City/State:	Zip:	Phone:
RIVER'S EDGE AT KITTSON MEMORIAL	513 10th Street SE	Hallock, MN	56728	
License/Permit #:	**Permit Holder:**	**Purpose of Inspection:**	**Est. Type:**	**Risk Category:**
HFID 30589		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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

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

Person in Charge (signature)

Inspector (signature) Cassandra Hua

Follow-up: Follow-up Date:

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL30589016-0	**Date:** September 21, 2026
Facility Name: River's Edge at Kittson Memorial	
Facility Address: 513 10th Street SE, Hallock, MN 56728	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Pattern **TIME PERIOD OF CORRECTION:** Twenty One (21) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. Single- and multiple-station smoke alarms shall be replaced when they fail to respond to operability tests or exceed ten years from the date of manufacture. Smoke alarms shall be replaced with smoke alarms having the same type of power supply. [Minn. Stat. 144G.45 subd. 2; MSFC 1103.8.1]

   Comments: During the building tour, the licensee stated the smoke alarms installed in resident rooms had not been replaced since the building was constructed in 2007.