



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 14, 2025

Licensee
Pelican Landing Senior Living
1325 Pelican Lane
Detroit Lakes, MN 56501

RE: Project Number(s) SL35052016

Dear Licensee:

On September 3, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on June 4, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Jessie Chenze'.

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

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 5, 2025

Licensee
Pelican Landing Senior Living
1325 Pelican Lane
Detroit Lakes, MN 56501

RE: Project Number(s) SL35052016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 4, 2025, 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 3: a fine of \$3,000 per incident, 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 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. 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. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Jessie Chenze".

Jessie Chenze, Supervisor

State Evaluation Team

Email: Jessie.Chenze@state.mn.us

Telephone: 218-332-5175 Fax: 1-866-890-9290

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER PELICAN LANDING SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1325 PELICAN LANE DETROIT LAKES, MN 56501		
(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	<p>Initial Comments</p> <p>***ATTENTION***</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL35052016-0</p> <p>On June 2, 2025, through June 4, 2025, 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 82 residents; 69 receiving services under the Assisted Living Facility with Dementia Care license.</p> <p>Immediate correction orders were identified on June 3, 2025, for project SL35052016-0, for tag identification 2310, issued at scope and levels of widespread, level three (I).</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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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	<p>Continued From page 2</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated June 3, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p>	0 480			

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0 480	Continued From page 3	0 480			
0 630 SS=F	<p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p> <p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of one resident (R4) who did not receive services, however, resided at the assisted living facility.</p> <p>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).</p> <p>The findings include:</p>	0 630			

Minnesota Department of Health

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0 630	<p>Continued From page 4</p> <p>During the entrance conference on June 2, 2025, at 9:30 p.m., licensed assisted living director (LALD)-A stated the licensee was familiar with current minimum assisted living requirements.</p> <p>The licensee's current resident roster dated June 2, 2025, indicated the licensee had a current census of 82 residents, which included 12 housing only residents.</p> <p>R4 was admitted into the assisted living facility on April 30, 2022, however, R4 did not receive any services from the licensee.</p> <p>R4's record lacked an individualized review or assessment of the resident's susceptibility to abuse by other individuals, including other vulnerable adults, the resident's risk of abusing other vulnerable adults, the resident's risk of self-abuse, and statements of the specific measures to be taken to minimize the risk of abuse to that resident or other vulnerable adults.</p> <p>On June 2, 2025, at 1:28 p.m., clinical nurse supervisor (CNS)-B stated the licensee was not aware an IAPP was required for residents who did not receive assisted living services. CNS-B further stated any resident who did not receive assisted living services would lack an IAPP in the resident's record.</p> <p>The licensee's Initial and On-Going Nursing Assessment of Assisted Living Residents revised October 2022, indicated residents who do not require assisted living services per statute 144G.08 Subd. 9 do not require a nursing assessment. An "Individual Review" within the electronic medical record (EMR) will be completed for any resident not receiving assisted</p>	0 630			

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0 630	Continued From page 5 living services. The Individual Review will be completed by the registered nurse (RN) and will be used to generate an IAPP which is a regulatory requirement for any resident residing in a licensed assisted living facility. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule.	0 680			

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0 680	<p>Continued From page 6</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the missing resident policy was reviewed quarterly. This had the potential to affect all residents, staff, and any visitors of the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On June 4, 2025, at 12:05 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B stated LALD-A and CNS-B were unsure how often the missing resident policy was reviewed.</p> <p>The licensee's Missing Resident and Elopement Prevention Policy, last reviewed April 2025, indicated the Executive Director and CNS will review the missing resident plan at least quarterly, during the Safety Committee Meetings, and will document within the meeting minutes (01-402a) if any changes are needed to the above plan/procedure.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0110, Subp. 4. Review missing resident plan. The assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any</p>	0 680			

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0 680	Continued From page 7 changes to the plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680			
02310 SS=I	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical or nursing standards for three of three residents (R1, R2, R6) who utilized consumer bed rails. The practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a wide spread 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: R1, R6 R1's diagnosis included diabetes, mild cognitive	02310			

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02310	<p>Continued From page 8</p> <p>impairment and depression.</p> <p>R6's diagnosis included late onset Alzheimer's dementia.</p> <p>On June 3, 2025, at 8:35 a.m., the surveyor observed R1 and R6's (husband and wife) full sized consumer bed, which had a secured consumer bed rail on the left side.</p> <p>R1's service plan dated April 1, 2024, indicated R1 received medication management, catheter cares, monthly vital signs, assistance with transferring, bathing, toileting, dressing, grooming, skin care, housekeeping and laundry.</p> <p>R6's service plan dated May 2, 2024, indicated R6 received medication management, behavior management, monthly vital signs, assistance with bathing, dressing, grooming, laundry and housekeeping.</p> <p>R1's change in condition (admitted to hospice) assessment dated April 29, 2025, did not include a bed rail assessment.</p> <p>R6's 90-day assessment dated April 21, 2025, did not include a bed rail assessment.</p> <p>On June 3, at 11:25 a.m., clinical nurse supervisor (CNS)-B stated R1 and R6 lacked a bed rail assessment as she was unaware a consumer bed rail was attached to their bed. CNS-B stated she had spoken to the daughter this morning, and the daughter said she had brought the consumer rail in last weekend as it was suggested by an occupational therapist for R1.</p> <p>R2</p>	02310			

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02310	<p>Continued From page 9</p> <p>R2's diagnosis included diabetes, chronic kidney disease and hard of hearing.</p> <p>R2 service plan dated May 13, 2025, indicated R2 received medication management, and assistance with compression stockings, and housekeeping.</p> <p>R2's change in condition assessment dated May 19, 2025, indicated resident utilizes side rail with right hand during turning, repositioning and assists in sitting up on the edge of the bed.</p> <p>R2's record included a Bed Rail Informed Consent Form dated April 3, 2025.</p> <p>R2's record lacked documentation of consumer bed rail instructions or monitoring for recall.</p> <p>On June 3, 2025, at 12:20 p.m., CNS-B stated CNS-B was unaware instructions for bed rail installation and monitoring for recall was a requirement.</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently Asked Questions (FAQs), last updated December 26, 2023, indicated, "Unlike hospital beds, there is no current published guidance related to portable bed rails used on non-hospital style beds ("consumer beds"), so licensees should refer to individual manufacturer's guidelines for appropriate installation, maintenance, and use. In addition, licensees should refer to the Consumer Product Safety Commission (CSPC) for the most up-to-date information related to portable bed side rail recall information. To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to</p>	02310			

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NAME OF PROVIDER OR SUPPLIER PELICAN LANDING SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 PELICAN LANE DETROIT LAKES, MN 56501			
(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
02310	<p>Continued From page 10</p> <p>the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint. Additionally, the licensee must ensure the bed rail is securely attached to the bed frame per manufacturer guidelines. This includes consideration of any identified contradictions of use such as height/weight restrictions, age, mattress, bed frame set up, etc." Also included, "Documentation about a resident's bed rails includes, but is not limited to:</p> <ul style="list-style-type: none">- purpose and intention of the bed rail;- condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail;- the resident's bed rail use/need assessment;- risk vs. benefits discussion (individualized to each resident's risks);- the resident's preferences;- installation and use according to manufacturer's guidelines;- physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and- any necessary information related to interventions to mitigate safety risk or negotiated risk agreements." <p>The licensee's Bed Rail/Device Use policy revised July, 2022, indicated due to risk of injury related to the use of physical devices, such devices will only be used after an assessment has been completed to determine the risks and benefits of this use. Staff will alert the registered nurse (RN) if any assisted living resident has any</p>	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER PELICAN LANDING SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 PELICAN LANE DETROIT LAKES, MN 56501			
(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
02310	<p>Continued From page 11</p> <p>type of bed rail or similar equipment and the RN will then evaluate whether the bed rail appears to be appropriate and safe for the resident.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p>	02310			



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

Food & Beverage Inspection Report

Page: 1

Establishment Info

Pelican Landing Senior Living
1325 Pelican Lane
Detroit Lakes, MN 56501
Becker County
Parcel:

Phone:

License Info

License: HFID 35052

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

Inspection Info

Report Number: F1049251041
Inspection Type: Full - Single
Date: 6/3/2025 Time: 11:15 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

! New Order: 3-500D Microbial Control: disposition of food

3-501.18A *Priority Level: Priority 1 CFP#: 23*

MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.

COMMENT: IN THE UPRIGHT COOLER AND IN THE WALK-IN COOLER, THERE WAS A 1/2 GALLON BOTTLE OF 1% BUTTERMILK IN EACH LOCATION THAT WAS STAMPED WITH THE MANUFACTURER EXPIRATION DATE OF 5/24/2025. THE PIC DISCARDED BOTH BOTTLES DURING THE INSPECTION. THE VIOLATION WAS CORRECTED ON SITE.

Comply By: Complied On Site Originally Issued On: 6/3/2025

Food & Beverage General Comment

INSPECTOR MET WITH MDH NURSE EVALUATOR AND THE HEAD KITCHEN STAFF, RYAN CRISSINGER.

THE KITCHEN WAS A COMMERCIAL KITCHEN WITH SMOOTH DROP CEILING TILES, TILE FLOORING, AND FRP WALLS.

ESTABLISHMENT SUBMITTED A VARIANCE REQUEST TO THE STATE ON 5/1/2025 TO EXTEND THE AMOUNT OF TIME, THE HEAD KITCHEN STAFF, RYAN CRISSINGER, HAS TO RECEIVE THE CFPM CERTIFICATE.

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 F1049251041 from 6/3/2025

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

Page: 1

Establishment Info

Pelican Landing Senior Living
Detroit Lakes
County/Group: Becker County

Inspection Info

Report Number: F1049251041
Inspection Type: Full
Date: 6/3/2025
Time: 11:15 AM

Food Temperature: **Product/Item/Unit:** Sausage Patty; **Temperature Process:** Cold-Holding

Location: Prep Table 1 at 26 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Diced Tomatoes; **Temperature Process:** Cold-Holding

Location: Prep Cooler 2 at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Celery ; **Temperature Process:** Cold-Holding

Location: Walk-in Cooler at 34 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Cooked Mixed Veggies; **Temperature Process:** Hot-Holding

Location: Serving Line at 184.5 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Meatballs; **Temperature Process:** Hot-Holding

Location: Serving Line at 160 Degrees F.

Comment:

Violation Issued?: No



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Sanitizer Observations/Recordings

Page: 1

Establishment Info

Pelican Landing Senior Living
Detroit Lakes
County/Group: Becker County

Inspection Info

Report Number: F1049251041
Inspection Type: Full
Date: 6/3/2025
Time: 11:15 AM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 164.7 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Sink and Surface; **Sanitizing Process:** Wiping Cloth Bucket

Location: Cook Line **Equal To** 700 PPM

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Sink and Surface; **Sanitizing Process:** Wiping Cloth Bucket

Location: Prep **Equal To** 272 PPM

Comment:

Violation Issued?: No