



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

September 30, 2025

Licensee

Carver Ridge Senior Living

920 6th Street West

Carver, MN 55315

RE: Project Number(s) SL35660016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 13, 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.

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

### **STATE CORRECTION ORDERS**

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

### **IMPOSITION OF FINES**

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

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in



§ 144G.20;

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

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

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. 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](mailto: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 "Kelly Thorson". The ink is dark and the signature is fluid.

Kelly Thorson, Supervisor

State Evaluation Team

Email: [Kelly.Thorson@state.mn.us](mailto:Kelly.Thorson@state.mn.us)

Telephone: 320-223-7336 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:  35660	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  08/13/2025
NAME OF PROVIDER OR SUPPLIER  CARVER RIDGE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 920 6TH STREET WEST CARVER, MN 55315			
(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>SL35660016</p> <p>On August 11, 2025, through August 13, 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 69 residents; 58 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. 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 surveyors' 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 subd. 1, 2, and 3.</p>		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35660</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/13/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARVER RIDGE SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>920 6TH STREET WEST CARVER, MN 55315</b>			
(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
0 775	<p>Continued From page 1</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and residents.</p> <p>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).</p> <p>The findings include:</p> <p>On August 13, 2025, the surveyor toured the facility with maintenance (M)-E and regional maintenance (RM)-D. The following was observed.</p> <p>The 1st level office doors in the facility are rated fire doors with tags on the door frame and hinge side of the door, smoke seal, and closers. The office doors are also equipped with kick down style door hold open devices. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable.</p> <p>On August 13, 2025, M-E acknowledged the observation while accompanying on the tour.</p>	0 775			

Minnesota Department of Health  
STATE FORM 6899 DNHO11 If continuation sheet 3 of 3





Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164  
Phone: 651-201-4500

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

CARVER RIDGE SENIOR LIVING  
920 6TH STREET WEST  
Carver, Mn 55315  
Carver County  
Parcel:  
  
Phone:

### License Info

License: HFID 35660  
  
Risk:  
License:  
Expires on:  
CFPM: KARLEEN AUGUST WALLIN  
CFPM #: FM59907; Exp: 07/10/2028

### Inspection Info

Report Number: F8087251074  
Inspection Type: Full - Single  
Date: 8/12/2025 Time: 12:00:00 PM  
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 WAS AN UNANNOUNCED AND UNSCHEDULED FULL INSPECTION.

INSPECTION DONE WITH KITCHEN MANAGER KARLEEN AUGUST WALLIN.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

HAND WASHING  
NOROVIRUS  
BARE HAND CONTACT WITH READY TO EAT FOODS  
EMPLOYEE ILLNESS  
EMPLOYEE EXCLUSION  
COOLING METHODS  
REHEATING METHODS  
SANITIZER CONCENTRATION  
DATE MARKING  
ALL ITEMS ON THIS REPORT  
ALL ITEMS ON PREVIOUS REPORT

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

REPORT EMAILED TO ESTABLISHMENT AND NURSE SURVEYOR.

**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.**



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I acknowledge receipt of the Metro District Office inspection report number F8087251074 from 8/12/2025

*John Boettcher*

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KARLEEN AUGUST WALLIN  
KITCHEN MANAGER

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John Boettcher,  
Public Health Sanitarian 3  
651-201-5076  
john.boettcher@state.mn.us





Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164

## Temperature Observations/Recordings

Page: 1

### Establishment Info

CARVER RIDGE SENIOR LIVING  
Carver  
County/Group: Carver County

### Inspection Info

Report Number: F8087251074  
Inspection Type: Full  
Date: 8/12/2025  
Time: 12:00:00 PM

**Equipment Temperature: Product/Item/Unit:** AMBIENT AIR; **Temperature Process:** Ambient Air

**Location:** Under Counter Cooler at 41 Degrees F.

Comment: SERVER BEVERAGE COOLER

*Violation Issued?: No*

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

**Location:** Upright Cooler at 41 Degrees F.

Comment: SERVER BEVERAGE COOLER

*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit:** AMBIENT AIR; **Temperature Process:** Ambient Air

**Location:** Under Counter Cooler at 40 Degrees F.

Comment: PREP LINE COOLER

*Violation Issued?: No*

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

**Location:** Under Counter Cooler at 42 Degrees F.

Comment: PREP LINE COOLER

*Violation Issued?: No*

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

**Location:** Under Counter Cooler at 40 Degrees F.

Comment: PREP LINE COOLER

*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit:** AMBIENT AIR; **Temperature Process:** Ambient Air

**Location:** Walk-in Cooler at 35 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** Walk-in Cooler at 38 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** Walk-in Cooler at 37 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** Walk-in Cooler at 37 Degrees F.

Comment:

*Violation Issued?: No*



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

**Location:** Walk-in Cooler at 38 Degrees F.

Comment:

*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit:** AMBIENT AIR; **Temperature Process:** Ambient Air

**Location:** Walk-in Freezer at 9 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** Serving Line at 188 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** Prep Cooler at 39 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** CUT LEAFY GREENS; **Temperature Process:** Cold-Holding

**Location:** Prep Cooler at 40 Degrees F.

Comment:

*Violation Issued?: No*





Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164

Sanitizer Observations/Recordings

Page: 1

Establishment Info	Inspection Info
CARVER RIDGE SENIOR LIVING	Report Number: F8087251074
Carver	Inspection Type: Full
County/Group: Carver County	Date: 8/12/2025
	Time: 12:00:00 PM

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

**Location:** Dishwashing Area **Equal To** 162 Degrees F.

Comment:

*Violation Issued?: No*