



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 23, 2025

Licensee
Lindenwood Assisted Living
2409 Linden Avenue
Slayton, MN 56172

RE: Project Number(s) SL30791016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 21, 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 for widespread violations;

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

Level 4: a fine of \$5,000 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:

0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00

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 \$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. 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,



Jodi Johnson, Supervisor

State Evaluation Team

Email: jodi.johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30791	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2025
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NAME OF PROVIDER OR SUPPLIER LINDENWOOD ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2409 LINDEN AVENUE SLAYTON, MN 56172
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(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>SL30791016-0</p> <p>On May 19, 2025, through May 21, 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 15 residents; 14 receiving services under the Assisted Living Facility license.</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>	
0 510 SS=F	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and</p>	0 510		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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0 510	<p>Continued From page 1</p> <p>maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control with proper hand hygiene for one of two employees (unlicensed personnel (ULP)-D). This had the potential to affect all residents, staff, and visitors.</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 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 May 20, 2025, during continuous observation, the surveyor observed ULP-D completing the following tasks: - 6:10 a.m. ULP-D entered R8's room, put on</p>	0 510		
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0 510	<p>Continued From page 2</p> <p>gloves, washed and dried under R8's breasts and her peri area. ULP-D removed the gloves and washed her hands. ULP-D then assisted to hold R8's eye open and put eye drops in both of R8's eyes without wearing gloves. Then, ULP-D administered oral medications. ULP-D put on gloves and applied diclofenac gel (pain relief) to R8's lower back. ULP-D removed they gloves, took R8's garbage out of the room, brought garbage to the dumpster and returned to the medication cart. ULP-D did not wash their hands or use hand sanitizer.</p> <p>- 6:25 a.m. ULP-D administered oral medications to R7. ULP-D turned on shower, placed a rug by the shower and placed a towel in the bathroom for R7 to shower. ULP-D did not wash hands or use hand sanitizer.</p> <p>- 6:32 a.m. without wearing gloves, ULP-D handed R6 a tissue and ULP-D administered eye drops to R6 while holding R6's eye open using her bare hands. ULP-D then administered oral medications. ULP-D did not wash hands or use hand sanitizer.</p> <p>On May 20, 2025, at 12:30 p.m., clinical nurse supervisor (CNS)-B stated staff should wear gloves when administering eye drops, staff should wash hands after removing gloves, and staff should use hand sanitizer or wash hands between residents when passing medications.</p> <p>The licensee's Hand Hygiene policy dated August 1, 2021, indicated proper hand washing techniques should be used to protect the spread of infection. Hand washing shall be completed:</p> <ul style="list-style-type: none"> · Before, during, and after preparing food · Before eating food · Before and after caring for someone who is sick · Before and after treating a cut or wound 	0 510		
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0 510	<p>Continued From page 3</p> <ul style="list-style-type: none"> · After using the toilet · After changing diapers or cleaning up after someone who has used the toilet · After blowing your nose, coughing, or sneezing · After touching an animal or animal waste · After handling pet food or pet treats · After touching garbage <p>Hand washing will be performed by all employees, as necessary, between tasks and procedures, and after bathroom use, to prevent cross-contaminations.</p> <p>When conducting a procedure requiring the use of gloves, proper hand hygiene should be completed before donning gloves and after removing gloves.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 510		
0 775 SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</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, interview and record review, the licensee failed to comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	0 775		

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0 775	<p>Continued From page 4</p> <p>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>During facility tour on May 21, 2025, from 9:32 a.m. through 10:22 a.m. with licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B the surveyor observed fire rated doors that did not automatically close and latch as designed in the following locations:</p> <p>All resident rooms had twenty-minute fire rated doors equipped with spring hinges. The doors did not automatically close, and several resident room doors were open during the tour. LALD-A stated they did not know the doors had spring hinges to close the doors.</p> <p>Twenty-minute fire rated door to the laundry room was hitting a rubber molding on the floor and did not fully close.</p> <p>Fire rated doors to the dining room were held open with magnetic holds. When released from the magnetic holds the doors did not fully close and latch. LALD-A stated they would have the doors adjusted.</p> <p>Fire-resistant rated doors must automatically close and latch as designed to prevent the spread of smoke and fire to adjoining building areas.</p> <p>During same tour the surveyor did not observe carbon monoxide detectors or alarms. LALD-A stated the facility did not have carbon monoxide</p>	0 775		
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0 775	<p>Continued From page 5</p> <p>alarms, but they had ordered some to install in the rooms that had gas appliances. State Fire Code in Minnesota Rules, chapter 7511 requires either; rooms that contain a fuel burning appliance be equipped with a carbon monoxide detection system, or carbon monoxide alarms be located within ten feet of every sleeping room.</p> <p>During an interview on May 21, 2025, at 11:09 a.m. with LALD-A and CNS-B the surveyor requested a copy of the annual fire alarm testing and inspection report. LALD-A provided the surveyor a copy of the fire sprinkler inspection report and the kitchen hood fire suppression report. During the interview LALD-A called the companies that conducted the sprinkler and hood inspections and asked if they had also completed the fire alarm testing and inspection. LALD-A stated those companies had not inspected the fire alarm system. LALD-A stated they did not have a report and did not think the facility has ever had the fire alarm system tested. State Fire Code in Minnesota Rules, chapter 7511 requires fire alarm systems be inspected and tested at least annually.</p> <p>LALD-A and CNS-B verified the above conditions and stated they understood the requirements.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 775		
01640 SS=D	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must</p>	01640		

Minnesota Department of Health

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01640	<p>Continued From page 6</p> <p>include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the licensee failed to ensure service plan modifications were completed and signed when the resident's services changed for one of two residents (R2).</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 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).</p> <p>The findings include:</p> <p>R2 was admitted to the facility and began</p>	01640		

Minnesota Department of Health

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01640	<p>Continued From page 7</p> <p>receiving services on January 16, 2023.</p> <p>On May 20, 2025, at 7:20 a.m., the surveyor observed unlicensed personnel (ULP)-E administering medications and completing wound care for R2.</p> <p>R2's services delivered indicated R2 began receiving wound care on January 8, 2025, and began receiving assistance with toileting on May 6, 2025.</p> <p>R2's Service Plan effective January 1, 2025, did not include wound care or toileting assistance.</p> <p>On May 20, 2025, at 1:16 p.m., clinical nurse supervisor (CNS)-B stated when the new services were added, a new service plan should have been printed and signed.</p> <p>The licensee's Service Plan policy dated August 1, 2022, indicated the service plan and any revisions shall include a signature or other authentication by [provider name] and by the resident, or resident's representative, documenting agreement on the services to be provided. Services plans shall be revised, if needed, based on resident reassessments and monitoring.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01640		



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

Food & Beverage Inspection Report

Page: 1

Establishment Info

Lindenwood Assisted Living
2409 Linden Avenue
Slayton, MN 56172
Murray
Parcel:

Phone:

License Info

License: HFID 30791

Risk:
License:
Expires on:
CFPM: Sue A. Streff
CFPM #: 77551; Exp: 5/12/2027

Inspection Info

Report Number: F7990251005
Inspection Type: Full - Single
Date: 5/19/2025 Time: 11:30:56 AM
Duration: minutes
Announced Inspection:
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

WE DISCUSSED EMPLOYEE ILLNESS, NOROVIRUS PREVENTION, AND HANDWASHING. AN EMPLOYEE ILLNESS LOG WAS DISPLAYED ONSITE. SYSCO SURFACE CLEANER SANITIZER RTU IS BEING USED TO SANITIZE SURFACES. HIGH TEMP DISH MACHINE IS TEMP CHECKED DAILY.

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

I acknowledge receipt of the Mankato District Office inspection report number F7990251005 from 5/19/2025

Sue A. Streff
CFPM

Ben Ische,
Public Health Sanitarian Supervisor
507-344-2710
ben.ische@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info

Lindenwood Assisted Living
Slayton
County/Group: Murray

Inspection Info

Report Number: F7990251005
Inspection Type: Full
Date: 5/19/2025
Time: 11:30:56 AM

Equipment Temperature: Product/Item/Unit: Atosa Reach in Cooler Kitchen Cheese; **Temperature Process:** Cold-Holding

Location: Reach-in Cooler at 40 Degrees F.

Comment: Cheese

Violation Issued?: No

Food Temperature: Product/Item/Unit: Cooking Temp; **Temperature Process:** Cooking

Location: Oven at 206 Degrees F.

Comment: Cooking Pork Rib

Violation Issued?: No



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

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Lindenwood Assisted Living
Slayton
County/Group: Murray

Inspection Info

Report Number: F7990251005
Inspection Type: Full
Date: 5/19/2025
Time: 11:30:56 AM

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

Location: Dishwashing Area **Equal To** 166 Degrees F.

Comment:

Violation Issued?: No