Electronically Delivered

November 14, 2025

Licensee
Cosmo Home Healthcare Services LLC
3935 5th Avenue South
Minneapolis, MN 55407

RE: Project Number(s) SL36196016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 22, 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 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,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 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
	36196	A. BUILDING: _____ B. WING _____	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COSMO HOME HEALTHCARE SERVICES LLC	3935 5TH AVENUE SOUTH MINNEAPOLIS, MN 55407

(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: SL36196016-0 On October 20, 2025, through October 22, 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 four residents; four receiving services under the Assisted Living Facility license.	0 000	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. 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 pursuant to 144G.31 Subd. 1, 2 and 3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the	0 480		

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0 480	Continued From page 1 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 allowed provided the facility keeps them clean and in good condition;	0 480		

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0 480	Continued From page 2 (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 20, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	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 and interview, the licensee failed to keep the facility in compliance with Minnesota State Fire Code under Minnesota Rule Chapter 7511. The deficient condition has the ability to affect all staff and residents. 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 the potential to affect a large portion or all of the residents). The findings include: During a facility tour on October 21, 2025, between 9:15 a.m. and 10:45 a.m., with manager (M)-A, the surveyor observed the following conditions: EXTENSION CORD: The surveyor observed a white extension cord being used permanently connected to a power strip that was connected to a refrigerator in the	0 775		

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0 775	Continued From page 4 office on the lower level. This was fixed while I was present. Extension cords shall not be used for permanent use. CARBON MONOXIDE ALARMS: The surveyor observed the carbon monoxide alarm on the upper level failed to operate when push button tested. The upper and lower-level carbon monoxide alarms are outdated. The carbon monoxide on the upper level was fixed while I was present. These alarms shall be replaced. LOCKS: The surveyor observed double keyed dead bolt locks on both the marked exit doors on the upper level. These locks shall be replaced with code compliant locks or removed. The doors shall open with one motion and no special knowledge. Thumb turn locks on the inside are acceptable. The deficient conditions were visually verified by M-A accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds,	0 800		

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0 800	Continued From page 5 systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well being of the residents. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and 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). The findings include: During a facility tour on October 21, 2025, between 9:15 a.m. and 10:45 a.m., with manager (M)-A, the surveyor observed the following condition: SOFFIT DAMAGE: The surveyor observed damage to the soffit of the garage. There is rotten boards and an area	0 800		

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0 800	Continued From page 6 where animals are accessing the soffit/roof area. This garage is used by residents for storage. The soffit shall be repaired so that animals cannot access the area. The deficient condition was visually verified by M-A accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		

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

Establishment Info

COSMO HOME HEALTHCARE SERVICES
3935 5TH AVENUE SOUTH
Minneapolis, MN 55407
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36196

Risk:
License:
Expires on:
CFPM: MARIAN ABDULQADIR FARAH
CFPM #: 119969; Exp: 8/25/2026

Inspection Info

Report Number: F1029251237
Inspection Type: Full - Single
Date: 10/20/2025 Time: 12:30:42 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 2
Total Priority 2 Orders: 2
Total Priority 3 Orders: 4
Delivery:

New Order: 2-100 Supervision
2-102.12DMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033D Post the certified food protection manager certificate.
COMMENT: PHOTOCOPY OF EXPIRED CFPM CERTIFICATE POSTED. PHOTOCOPY OF VALID CFPM CERTIFICATE POSTED DURING INSPECTION. STAFF INSTRUCTED TO POST OFFICIAL ORIGINAL CFPM CERTIFICATE OR OFFICIAL DUPLICATE CFPM CERTIFICATE.
Comply By: 10/24/2025 Originally Issued On: 10/20/2025

! **New Order: 3-100 Food Characteristics: unadulterated**
3-101.11 *Priority Level: Priority 1 CFP#: 13*
MN Rule 4626.0125 Remove all unsafe and adulterated foods from the premises.
COMMENT: SHELL EGGS WITH A USE-BY DATE OF 10/8/25. DISCARDED BY STAFF.
Comply By: 10/20/2025 Originally Issued On: 10/20/2025

! **New Order: 3-300B Protection from Contamination: cross-contamination, eggs**
3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.
COMMENT: SHELL EGGS, RAW BEEF, AND RAW CHICKEN ABOVE APPLES, LETTUCE, AND OTHER RTE ITEMS IN REFRIGERATOR. STAFF INSTRUCTED TO SAFELY SEPARATE THE RAW ANIMAL PROTEINS FROM PRODUCE, READY TO EAT FOODS, AND SURFACES THAT INTERACT WITH READY TO EAT FOODS BY EITHER PLACING THE RAW ANIMAL PROTEINS ON A LOWER LEVEL THAN THE RTE ITEMS AND/OR BY PLACING THE RAW ANIMAL PROTEINS INTO CONTAINERS THAT ARE SEALED AND/OR HAVE HIGH SIDEWALLS. SAFE FOOD STACKING REVIEWED - LOWEST TO HIGHEST: POULTRY; GROUND AND MINCED MEATS AND FISH; INTACT BEEF, PORK, FISH, AND EGGS* (COOKED FOR IMMEDIATE SERVICE*); READY TO EAT FOODS AND PRODUCE.
Comply By: 10/20/2025 Originally Issued On: 10/20/2025

New Order: 3-500C Microbial Control: date marking
3-501.17A *Priority Level: Priority 2 CFP#: 23*
MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.
COMMENT: 11/13/23-10/20/25: OPENED DELI MEATS WITHOUT DATE MARKINGS. ITEMS KNOWN BY STAFF TO HAVE BEEN OPENED WITH THE LAST 7 DAYS (10/18). ALL 3 OPENED PACKAGES DATE MARKED. DATE MARKING, DISCARDING AFTER 7 DAYS AND LISTERIOSIS REVIEWED WITH STAFF.
Comply By: 10/20/2025 Originally Issued On: 10/20/2025

New Order: 4-100 Equipment Construction Materials
4-101.19 *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0495 Remove non-food-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling, or that require frequent cleaning, that are not constructed of a corrosion-resistant, non-absorbent, and smooth material.
COMMENT: LAMINATE WEARING OFF IN AREAS OF CABINETRY. STAFF INSTRUCTED TO RESEAL TO ENSURE WOOD IS NOT EXPOSED TO POTENTIAL SPLASH AND SPILLAGE.
Comply By: 10/31/2025 Originally Issued On: 10/20/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.12B *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.
COMMENT: SMALL DIAMETER PROBE THERMOMETER ABSENT. STAFF INDICATED THEY HAD A SMALL DIAMETER PROBE THERMOMETER BUT COULD NOT FIND IT. STAFF WERE INSTRUCTED TO OBTAIN AND MAINTAIN READILY ACCESSIBLE A SMALL DIAMETER PROBE THERMOMETER.
Comply By: 10/20/2025 Originally Issued On: 10/20/2025

New Order: 4-300 Equipment Numbers and Capacities
4-303.11B *Priority Level: Priority 3 CFP#: 48*
MN Rule 4626.0721B Provide chemical sanitizers to sanitize equipment and utensils during all hours of operation.
COMMENT: QAC (BENZALKONIUM CHLORIDE) DISPOSABLE WIPES USED FOR KITCHEN SURFACES WITHOUT EPA REG # AND INSTRUCTIONS FOR USE ON FOOD CONTACT SURFACES ABSENT. STAFF INSTRUCTED TO USE WIPES INTENDED TO SANITIZE FOOD CONTACT SURFACES OR HAND MIX SANITIZER SOLUTION AND USE TEST STRIPS TO VERIFY SANITIZER CONCENTRATIONS.
Comply By: 10/20/2025 Originally Issued On: 10/20/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT: SEVERAL KNOBS IN KITCHEN ENCRUSTED FOOD DEBRIS. STAFF INSTRUCTED TO CLEAN AND MAINTAIN CLEAN.
Comply By: 10/20/2025 Originally Issued On: 10/20/2025

Food & Beverage General Comment

FOOD AND BEVERAGE INSPECTION CONDUCTED AT ALF AS PART OF HRD NURSING SURVEY OF ESTABLISHMENT. ESTABLISHMENT IS RESIDENTIAL IN NATURE AND SOLELY PERFORMS SAME DAY FOOD AND BEVERAGE SERVICES. ESTABLISHMENT USES DISHWASHER WITH HIGH HEAT SANITIZE OPTION TO SANITIZE EQUIPMENT AND UTENSILS. IDENTIFIED ISSUES REVIEWED WITH STAFF. FOOD SAFETY TOPICS REVIEWED WITH STAFF: EMPLOYEE ILLNESS LOGGING, EXCLUSION, AND NOTIFICATION REQUIREMENTS; FOODBORNE ILLNESS SYMPTOMS; COMMON FOODBORNE ILLNESS PATHOGENS; TEMPERATURE CONTROL; SANITIZING FOOD CONTACT SURFACES; PROTECTION FROM CONTAMINATION; DATE MARKING; HANDWASHING AND EMPLOYEE HYGIENE.

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 Metro District Office inspection report number F1029251237 from 10/20/2025

Trevor McCliment

ABDULKADIR SHIRE
PERSON IN CHARGE

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957

trevor.mccliment@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

COSMO HOME HEALTHCARE SERVICES
Minneapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1029251237
Inspection Type: Full
Date: 10/20/2025
Time: 12:30:42 PM

New Record: **Product/Item/Unit:** SLICED TURKEY**; Temperature Process:** Cold-Holding
Location: REFRIGERATOR at 38 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** MILK**; Temperature Process:** Cold-Holding
Location: REFRIGERATOR at 38 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

Establishment Info

COSMO HOME HEALTHCARE SERVICES
Minneapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1029251237
Inspection Type: Full
Date: 10/20/2025
Time: 12:30:42 PM

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