



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF PROVISIONAL CONDITIONAL LICENSE - LICENSE GRANTED

Electronic Delivery

January 7, 2026

Licensee

Hearts of Hope Home care services LLC
1717 Yellowstone Trail
Brooklyn Park, MN 55444

RE: Initial License Number 417697
Health Facility Identification Number (HFID) 40908
Project Number(s) SL40908015

Dear Licensee:

On December 11, 2025, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed September 24, 2025. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective December 11, 2025.

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

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.

Furthermore, the follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the September 24, 2025 initial survey.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a), state correction orders issued pursuant to the last survey completed on September 24, 2025, found not corrected at the time of the follow-up survey follow-up survey and/or subject to a penalty assessment are as follows:

0110-Assisted Living Director License Required-144g.10 Subdivision 1a

The details of the violations noted at the time of this follow-up survey completed on December 11, 2025 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY

Per 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>

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

Sincerely,



Rick Michals, J.D.

Executive Regional Operations Manager

**Minnesota Department of Health
Health Regulation Division**

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/11/2025
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME CARE SERVICES LL			STREET ADDRESS, CITY, STATE, ZIP CODE 1717 YELLOWSTONE TRAIL BROOKLYN PARK, MN 55444		
(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: SL40908015-1 On December 10, 2025, through December 11, 2025, the Minnesota Department of Health conducted a follow up survey at the above provider, and the following correction orders are issued. At the time of the survey, there was one resident, the one resident was receiving services under the Provisional Assisted Living Facility license.	{0 000}	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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 issued pursuant to 144G.31 subd. 1, 2, and 3.		
{0 110} SS=C	144G.10 Subdivision 1a Assisted living director license required Each assisted living facility must employ an	{0 110}			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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{0 110}	Continued From page 1 assisted living director who is licensed or permitted by the Board of Executives for Long Term Services and Supports and affiliated as the director of record with the board. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure affiliation of a licensed assisted living director (LALD) to the licensee's facility with the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all the licensee's residents, staff, and visitors. This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect 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 the residents). The findings include: LALD-B was hired on October 1, 2025, to provide an oversight to the licensee's staff. A three-page long document entitled Board of Executives for Long Term Services and Supports Application for Licensure dated November 25, 2025, indicated LALD-B applied for a shared license to include the licensee's facility. On December 10, 2025, at 2:00 p.m., LALD-B stated originally, they were a mentor for clinical nurse supervisor (CNS)-C, and they just got hired as a LALD for the licensee. LALD-B stated, "I did	{0 110}			

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{0 110}	Continued From page 2 not know that I had to apply for a separate certificate, I thought I could just use my license, then I found out that I have to do a whole new application; that is when I applied." LALD-B stated their application was not approved yet due to an erroneous entry on the application form that needed to be corrected. No further information was provided.	{0 110}			
{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 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	{0 480}			

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{0 480}	Continued From page 3 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; (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:	{0 480}			
{0 660} SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control	{0 660}	Not reviewed during this survey		

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{0 660}	Continued From page 4 and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by:	{0 660}	Not reviewed during this survey		
{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	{0 680}			

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{0 680}	Continued From page 5 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. This MN Requirement is not met as evidenced by:	{0 680}	Not reviewed during this survey		
{0 810} SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice	{0 810}			

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{0 810}	Continued From page 6 per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by:	{0 810}	Not reviewed during this survey		
{0 920} SS=C	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide	{0 920}			

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{0 920}	Continued From page 7 specialized diets. This MN Requirement is not met as evidenced by:	{0 920}	Not reviewed during this survey		
{0 930} SS=C	144G.50 Subd. 2 (d-e; 1-4) Contract information (d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints. (e) The contract must include a clear and conspicuous notice of: (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider; This MN Requirement is not met as evidenced by:	{0 930}			
{0 940} SS=C	144G.50 Subd. 2 (e; 5-7) Contract information (5) a description of the facility's policies related to medical assistance waivers under chapter 256S	{0 940}	Not reviewed during this survey		

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{0 940}	Continued From page 8 and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by:	{0 940}			
			Not reviewed during this survey		

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{01330}	Continued From page 9	{01330}			
{01330} SS=F	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by:	{01330}			
{01440} SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment	{01440}	Not reviewed during this survey		

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{01440}	Continued From page 10 administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by:	{01440}	Not reviewed during this survey		
{01620} SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.	{01620}			

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{01620}	Continued From page 11 (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by:	{01620}			
{01640} SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date	{01640}	Not reviewed during this survey		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/11/2025
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME CARE SERVICES LL			STREET ADDRESS, CITY, STATE, ZIP CODE 1717 YELLOWSTONE TRAIL BROOKLYN PARK, MN 55444		
(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	
{01640}	Continued From page 12 that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must 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. (c) The facility must implement and provide all services required by the current service plan. (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. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by:	{01640}			
{01730} SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's	{01730}	Not reviewed during this survey		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/11/2025
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{01730}	Continued From page 13 assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by:	{01730}	Not reviewed during this survey		

Minnesota Department of Health

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{01790}	Continued From page 14	{01790}			
{01790} SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in	{01790}			

Minnesota Department of Health

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{01790}	Continued From page 15 the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by:	{01790}	Not reviewed during this survey		



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

November 18, 2025

Licensee

Hearts Of Hope Home Care Services LLC
1717 Yellowstone Trail
Brooklyn Park, MN 55444

RE: Provisional Conditional License Number 417697
Health Facility Identification Number (HFID) 40908
Project Number(s) SL40908015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 24, 2025, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 45-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **January 2, 2025**.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state 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.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is \$500.00. **MDH is not imposing these fines against your provisional license at this time.**

St - 0 - 0110 - 144g.10 Subdivision 1a - Assisted Living Director License Required - \$500.00

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

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 MDH 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.

CONDITIONAL LICENSE ISSUED:

MDH will issue Hearts Of Hope Home Care Services LLC a conditional provisional assisted living facility license for 45 calendar days from the date of this notice. At an unannounced point in time, within the 45 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Hearts of Hope Home Care Services LLC is in substantial compliance.

The following conditions apply on the conditional provisional assisted living facility license:

- 1. No new admissions:** Hearts of Hope Home Care Services LLC will not admit any new residents under its conditional provisional assisted living facility license until MDH removes the “no new admissions” condition. Hearts of Hope Home Care Services LLC must provide the Department:
 - i. A list of the names and birthdates of any individuals Hearts of Hope Home Care Services LLC is currently in the process of admitting. These individuals will be able to continue the admittance process.
 - ii. A list of all current residents including:
 1. Name and birthdate of each resident
 2. Current payment source for services
 3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
 4. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative
- 2. Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:

MDH will determine if Hearts of Hope Home Care Services LLC is in substantial compliance based on

the results of the follow up survey. MDH will make this determination within the 45-day conditional provisional license period. If MDH determines Hearts of Hope Home Care Services LLC is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to Hearts Of Hope Home Care Services LLC. If MDH determines Hearts of Hope Home Care Services LLC is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

REQUEST FOR RECONSIDERATION:

Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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 Casey DeVries directly at: 651-201-5917 or email at: Casey.DeVries@state.mn.us.

Sincerely,

A handwritten signature in black ink that reads "Rick Michals". The signature is written in a cursive, flowing style.

Rick Michals, J.D.
Executive Regional Operations Manager

**Minnesota Department of Health
Health Regulation Division**

KKM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME CARE SERVICES LL		STREET ADDRESS, CITY, STATE, ZIP CODE 1717 YELLOWSTONE TRAIL BROOKLYN PARK, MN 55444			
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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: SL40908015-0 On September 23, 2025, through September 24, 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 five residents, all of whom were receiving services under the Provisional Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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 issued pursuant to 144G.31 subd. 1, 2, and 3.		
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	0 110			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director who is licensed or permitted by the Board of Executives for Long Term Services and Supports and affiliated as the director of record with the board. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employment of a licensed assisted living director (LALD) licensed by the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all the licensee's 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: On September 23, 2025, at 8:36 a.m., via telephone during the survey entrance call, clinical nurse supervisor (CNS)-C identified themselves as the LALD for the licensee. On September 23, 2025, at 10:46 a.m., the surveyor observed the BELTSS website which indicated CNS-C held an assisted living director residency permit license effective August 14,	0 110			

Minnesota Department of Health

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0 110	Continued From page 2 2024, and expired on August 13, 2025. On September 24, at 8:31 a.m., CNS-C stated they were aware their LALD license was expired and stated, "I thought that you [referring to the surveyor] renew the LALD licensee after the survey." On October 9, 2025, at 6:27 p.m., following the survey exit date, the surveyor received an email from a LALD who identified themselves as the "acting" Assisted Living Director for the licensee. The individual's license was verifiable via the BELTSS website; however, the licensee's health facility identification number (HFID) was not listed under the individual's license as a shared active location. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110			
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 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	0 480			

Minnesota Department of Health

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0 480	Continued From page 3 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; (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.	0 480			

Minnesota Department of Health

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0 480	Continued From page 4 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 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 23, 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 to the FBEIR for any compliance dates.	0 480			
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis	0 660			

Minnesota Department of Health

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0 660	Continued From page 5 Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a facility TB risk assessment. This had the potential to 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 potential to affect a large portion or all of the residents). The findings include: On September 23, 2025, at approximately 12:45 p.m., the surveyor requested the licensee provide the licensee's most recent Facility TB risk assessment worksheet for Health Care Settings licensed by MDH (Minnesota Department of	0 660			

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NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME CARE SERVICES LL		STREET ADDRESS, CITY, STATE, ZIP CODE 1717 YELLOWSTONE TRAIL BROOKLYN PARK, MN 55444			
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0 660	Continued From page 6 Health). On September 23, 2025, at 1:11 p.m., clinical nurse supervisor (CNS)-C stated they were unable to find the facility TB risk assessment worksheet and stated, "I think we just have to do it". On September 23, 2025, at 1:12 p.m., registered nurse (RN)-D stated they did not know why the facility TB risk assessment worksheet was missing. On September 24, 2025, at 12:36 p.m., RN-D stated they were not aware of the facility TB risk assessment worksheet. The licensee's 8.16 Tuberculosis Screening Policy indicated the licensee will establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report (MMWR). The facility will maintain a current community TB risk assessment. The assessment will be updated annually, using the data and form provided by the Minnesota Department of Health. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680			

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0 680	Continued From page 7 (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. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents under the assisted living license. 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	0 680			

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0 680	Continued From page 8 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's EPP last revised July 2, 2024, lacked evidence of the following required content: - quarterly review of missing residents policy; - yearly review of the EPP; - hazard vulnerability assessment tool; - process for EPP collaboration; - subsistence needs for staff and residents including emergency lighting; - procedure for tracking of staff and patient; - policies and procedures for volunteers; - policies and procedures for medical documents; - arrangements with other facilities; - role under waiver declared by secretary; - development of communication plan; - names and contact information staff, entities providing services under agreement, residents' physicians, other facilities, volunteers; - emergency officials contact information; - primary/ alternate means of communication; - methods of sharing information; - sharing information on occupancy needs; and - methods of sharing information with residents and their families. On September 24, 2025, at 12:13 p.m., administrator (A)-G stated they knew some of the EPP contents were missing and stated they would work on it. The licensee's Emergency Management Policy-Appendix Z Compliance dated July 2, 2024, indicated the emergency preparedness	0 680			

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0 680	Continued From page 9 plan will include all required elements of appendix Z. The plan would be in writing and reviewed annually. The policy also indicated the plan is based on assisted living-based and community-based risk assessments, utilizing an all-hazards approach. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at	0 810			

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0 810	Continued From page 10 least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content. 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On September 23, 2025, unlicensed personal (ULP)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP failed to include the following:	0 810			

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0 810	Continued From page 11 The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The provided FSEP was from a third-party provider and had not been updated to the specific facility. The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. The FSEP included standard resident evacuation procedures but failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan included instructions to evacuate residents but did not include any procedures for assisting residents during evacuation nor did it include instructions for staff to follow in case of relocation. On September 23, 2025, ULP-A stated they understood the areas of their policy that were incomplete and would work on bringing them into compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
0 920 SS=C	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the	0 920			

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0 920	Continued From page 12 facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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).	0 920			

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0 920	Continued From page 13 The findings include: On September 24, 2025, at approximately 1:45 p.m., administrator (A)-G provided a blank service agreement and stated the contract was used by the licensee for all residents. The service agreement lacked the following: - a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; - a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; and - a disclosure of the licensee's ability to provide specialized diets. R1's Landlord-Tenant Contract signed and dated May 9, 2025, also lacked the above-mentioned contents. On September 24, 2025, at 1:47 p.m., A-G stated the missing contract information was an oversight, and they would fix it. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 920			
0 930 SS=C	144G.50 Subd. 2 (d-e; 1-4) Contract information (d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact	0 930			

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0 930	Continued From page 14 information of the person representing the facility who is designated to handle and resolve complaints. (e) The contract must include a clear and conspicuous notice of: (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with all required content for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On September 24, 2025, at approximately 1:45	0 930			

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0 930	Continued From page 15 p.m., administrator (A)-G provided a blank service agreement and stated the contract was used by the licensee for all residents. The service agreement lacked the following: - a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints; - the right under section 144G.54 to appeal the termination of an assisted living contract; - the licensee's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; - contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; - the resident's right to obtain services from an unaffiliated service provider; R1's Landlord-Tenant Contract signed and dated May 9, 2025, also lacked the above-mentioned contents. On September 23, 2025, at 12:59 p.m., registered nurse (RN)-D stated they had not created a grievance procedure and form for residents to file complaints yet. On September 24, 2025, at 1:47 p.m., A-G stated the missing contract information was an oversight, and they would fix it. No further information was provided.	0 930			

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0 930	Continued From page 16	0 930			
0 940 SS=C	144G.50 Subd. 2 (e; 5-7) Contract information (5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and	0 940			

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0 940	Continued From page 17 (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with all required content for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On September 24, 2025, at approximately 1:45 p.m., administrator (A)-G provided a blank service agreement and stated the contract was used by the licensee for all residents. The service agreement lacked the following: - a description of the licensee's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: - whether the licensee is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; - whether the licensee has agreement to provide housing support under section 256I.04 subd. 2, paragraph (b) - whether there is a limit on the number of people residing at the facility who can receive	0 940			

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0 940	Continued From page 18 customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; - whether the licensee requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; - statement the medical assistance waivers provide payment for services but do not cover the cost of rent; - statement that residents may be eligible for assistance with rent through the housing support program; and - description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through housing support program. R1's Landlord-Tenant Contract signed and dated May 9, 2025, also lacked the above-mentioned contents. On September 24, 2025, at 1:47 p.m., A-G stated the missing contract information was an oversight, and they would fix it. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 940			
01330 SS=F	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in	01330			

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01330	Continued From page 19 section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one employee (unlicensed personnel (ULP)-A) completed training and competency evaluations in all required training topics. 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: ULP-A was hired on July 2, 2025, to provide direct care and services to residents. ULP-A's employment record included the	01330			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME CARE SERVICES LL		STREET ADDRESS, CITY, STATE, ZIP CODE 1717 YELLOWSTONE TRAIL BROOKLYN PARK, MN 55444			
(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
01330	Continued From page 20 following training topics: - transfers techniques; - medication administration; - basic infection control, including blood-borne pathogens; - training on the prevention of falls for providers working with the elderly or individuals at risk of falls; - observation, reporting, and documenting of resident status; and - range of motion. ULP-A's record lacked documentation the employee completed training and competency testing for the following topics: - documentation requirements for all services provided; - reports of changes in the resident's condition to the supervisor designated by the assisted living provider; - maintenance of a clean and safe environment; - appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; (iv) dressing and assisting with toileting; - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; - communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; - understanding appropriate boundaries between staff and residents and the resident's family; and - awareness of commonly used health	01330			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME CARE SERVICES LL			STREET ADDRESS, CITY, STATE, ZIP CODE 1717 YELLOWSTONE TRAIL BROOKLYN PARK, MN 55444		
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01330	Continued From page 21 technology equipment and assistive devices. On September 24, 2025, at 1:04 p.m., registered nurse (RN)-D stated none of the ULPs were trained on all of the required topics yet as most of the day shifts were covered by the RN and the ULPs mostly work overnights. At the time of the survey, the licensee's census was five residents. R1's service plan, signed and dated May 29, 2025, indicated R1 received services including medication administration, dressing, oral hygiene, hair care, grooming, toileting, bathing, and transfers, therefore, ULP performed or could potentially perform assisted living services in section 144G.08, subdivision 9, clauses (1) to (5), in addition to delegated nursing tasks. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01330			
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional	01440			

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER HEARTS OF HOPE HOME CARE SERVICES LL			STREET ADDRESS, CITY, STATE, ZIP CODE 1717 YELLOWSTONE TRAIL BROOKLYN PARK, MN 55444		
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01440	Continued From page 22 and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services for one of one employee (unlicensed personnel (ULP)-A). 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). The findings include: ULP-A was hired on July 2, 2025, to provide direct care and services to residents. The license began providing services to the license's first resident, R1, on May 29, 2025.	01440			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2025
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01440	Continued From page 23 R1's service plan, signed and dated May 29, 2025, indicated R1 received services including medication administration, dressing, oral hygiene, hair care, grooming, toileting, bathing, and transfers, therefore, ULP performed or could potentially perform assisted living services in section 144G.08, subdivision 9, clauses (1) to (5), in addition to delegated nursing tasks. On September 24, 2025, at 1:22 p.m., registered nurse (RN)-D stated, 30-day supervision was not done for any of the employees yet. The licensee's 4.35 Employee Evaluation policy dated July 2, 2024, indicated the employee evaluation process will be conducted in a manner which promotes the concepts of continuous improvement and frequent interaction between employees and their supervisors. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440			
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's	01730			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2025
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01730	Continued From page 24 assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an	01730			

Minnesota Department of Health

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01730	Continued From page 25 individualized medication management plan with the required content and failed to complete annual reassessment for one of one resident (R1). 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). The findings include: On September 24, 2025, at approximately 8:15 a.m., the surveyor observed registered nurse (RN)-D administer medication to R1. R1's service plan, signed and dated May 29, 2025, indicated R1 received services including medication administration, dressing, oral hygiene, hair care, grooming, toileting, bathing, and transfers. R1's medication administration record (MAR) for the month of September 2025, indicated R1 received levothyroxine 150 micrograms (mcg), multivitamin minerals 1 tablet (tab), atorvastatin 40 milligram (mg), citalopram hydrobromide 10 mg, aspirin 81mg, spironolactone 12.5 mg, Entresto 24-26 (sacubitril-valsartan) 1 tab, potassium chloride extend release 20 milliequivalent, fluticasone-salmeterol 500-50 MCG/ACT 1 puff and Spiriva respimat inhalation aerosol solution 2.5 MCG/ACT 2 puff, senna 8.6 2 tabs, carvedilol 12.5mg 1 tab, torsemide 20mg	01730			

Minnesota Department of Health

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01730	Continued From page 26 1 tab, and MiraLAX 17 gram. R1's record lacked the following required content of an individual medication management plan: - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and - any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. On September 24, 2025, at 1:55 p.m., registered nurse (RN)-D stated they did not have an individualized medication management plan for R1. RN-D stated they were aware of the requirement, but they did not get the chance to do it. The licensee's undated 7.03 Medication Management Individualized Plan policy indicated the licensee will develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: - a statement describing the medication management services that will be provided - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions - documentation of specific resident	01730			

Minnesota Department of Health

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01730	Continued From page 27 instructions relating to the administration of medications - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis - identification of medication management tasks that may be delegated to unlicensed personnel - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services, and - any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a	01790			

Minnesota Department of Health

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01790	Continued From page 28 medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was	01790			

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01790	Continued From page 29 completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed training and competencies for unlicensed personnel (ULP) providing medications to residents for unplanned time away from home when the licensed nurse was not available for one of one employee (unlicensed personnel (ULP)-A). 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). The findings include: ULP-A was hired on July 2, 2025, to provide direct care and services to residents. On September 24, 2025, at 1:04 p.m., registered nurse (RN)-D stated most of the day shifts were covered by the RN and the ULPs mostly work overnights.	01790			

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01790	Continued From page 30 On September 24, 2025, at 1:15 p.m., RN-D stated there was no procedure put in place for unplanned times away medication administration and the ULPs were not trained. The ULPs would have to call one of the nurses if a resident had to go on an unplanned time away from the facility. R1's service plan, signed and dated May 29, 2025, indicated R1 received services including medication administration, dressing, oral hygiene, hair care, grooming, toileting, bathing, and transfers, therefore, ULP would need to be trained in preparing medications in the event the resident were to require them for unplanned time away from the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01790			



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

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Establishment Info

HEARTS OF HOPE HOME CARE SERV
1717 YELLOWSTONE TRAIL
Brooklyn Park, MN 55444
Hennepin County
Parcel:

Phone:

License Info

License: HFID 40908

Risk:
License:
Expires on:
CFPM: Yamah K. Buway
CFPM #: FM87676; Exp: 8/10/2026

Inspection Info

Report Number: F1043251221
Inspection Type: Follow-up - Single
Date: 10/7/2025 Time: 2:47:40 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

Full inspection was completed with Dee Mosissa as the lead Health Regulation Division Nurse Evaluator completing the site survey on 9/23/25. Follow-up report completed to assess compliance with previous order(s).

UTENSIL SURFACE TEMPERATURE (F)
DISH MACHINE: 160

Foods cooked in house must be fully cooked (exception for pasteurized eggs) and must only be available for same day service for highly susceptible populations, discontinue any cooling and reservice of cooked food.

This facility has a residential kitchen with residential equipment, laminated cabinetry, laminated countertop, laminated flooring, smooth walls, and smooth ceilings. Samsung residential dish machine with a sani rinse option in use (ANSI/NSF 184). Equipment and physical facility will be monitored at future inspections.

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling, major equipment additions, or changes of equipment due to a menu change.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 1-877-366-3455

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 F1043251221 from 10/7/2025

Establishment Representative


Blia Lor,
Public Health Sanitarian 1
651-355-0641
blia.lor@state.mn.us



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	License Info	Inspection Info
HEARTS OF HOPE HOME CARE SERV 1717 YELLOWSTONE TRAIL Brooklyn Park, MN 55444 Hennepin County Parcel: Phone:	License: HFID 40908 Risk: License: Expires on: CFPM: Yamah K. Buway CFPM #: FM87676; Exp: 8/10/2026	Report Number: F1043251219 Inspection Type: Follow-up - Single Date: 10/6/2025 Time: 2:19:22 PM Duration: minutes Announced Inspection: <u>Total Priority 1 Orders: 1</u> <u>Total Priority 2 Orders: 1</u> <u>Total Priority 3 Orders: 0</u> <u>Delivery:</u>

Previous Order: 4-300 Equipment Numbers and Capacities

4-302.13B *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
COMMENT: NO TEST KIT AVAILABLE. ADVISED STAFF TO PROVIDE AN IRREVERSIBLE THERMOMETER OR THERMOLABELS TO MEASURE UTENSIL SURFACE TEMPERATURE OF AT LEAST 150F ON WEEKLY BASIS. COMPLY WITH ABOVE RULE.
Comply By: 9/23/2025 Originally Issued On: 9/23/2025

! Previous Order: 4-700 Sanitizing Equipment and Utensils

4-703.11B *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.
COMMENT: THERMOLABEL WAS PROVIDED BY SANITARIAN. PER TEST RESULTS, UTENSIL SURFACE TEMPERATURE (UST) OF DISH MACHINE WAS BELOW 150F. STAFF WAS ADVISED TO PROVIDE TEST KIT TO RE-MEASURE UST AND PROVIDE RESULTS TO SANITARIAN FOR VERIFICATION. IF DISH MACHINE IS INCAPABLE OF REACHING 150F, DISH MACHINE MUST BE REPAIRED/REPLACED OR A 3 COMPARTMENT SINK FOR DISH WASHING MUST BE PROVIDED ALONG WITH A SEPARATE HANDWASHING SINK. COMPLY WITH ABOVE RULE.
Comply By: 9/23/2025 Originally Issued On: 9/23/2025

Food & Beverage General Comment

Full inspection was completed with Dee Mosissa as the lead Health Regulation Division Nurse Evaluator completing the site survey on 9/23/25. Follow-up report completed to assess compliance with previous order(s). Utensil surface temperature of dish machine is recorded from the 9/23/25 inspection - additional test results are requested by the sanitarian to verify sanitizing capabilities and/or to provide alternative solutions for sanitizing dish ware as required.

UTENSIL SURFACE TEMPERATURE (F)
DISH MACHINE: BELOW 150*

Foods cooked in house must be fully cooked (exception for pasteurized eggs) and must only be available for same day service for highly susceptible populations, discontinue any cooling and reservice of cooked food.

This facility has a residential kitchen with residential equipment, laminated cabinetry, laminated countertop, laminated flooring, smooth walls, and smooth ceilings. Samsung residential dish machine with a sani rinse option in use (ANSI/NSF

184). Sanitizing option on dish machine must always be used when running a cycle. Equipment and physical facility will be monitored at future inspections.

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling, major equipment additions, or changes of equipment due to a menu change.

***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.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 1-877-366-3455

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 F1043251219 from 10/6/2025

Establishment Representative


Blia Lor,
Public Health Sanitarian 1
651-355-0641
blia.lor@state.mn.us



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

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Establishment Info

HEARTS OF HOPE HOME CARE SERV
1717 YELLOWSTONE TRAIL
Brooklyn Park, MN 55444
Hennepin County
Parcel:

Phone:

License Info

License: HFID 40908

Risk:
License:
Expires on:
CFPM: Yamah K. Buway
CFPM #: FM87676; Exp: 8/10/2026

Inspection Info

Report Number: F1043251216
Inspection Type: Follow-up - Single
Date: 10/2/2025 Time: 3:55:48 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 3
Total Priority 3 Orders: 3
Delivery:

Previous Order: 3-300C Protection from Contamination: equipment/utensils, consumers

3-304.14B *Priority Level: Priority 3 CFP#: 41*

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

COMMENT: IN-USE, DAMP CLOTH STORED ON KITCHEN 2 COMP SINK DIVIDER. PER STAFF, FACILITY USES CHLORINE SANITIZER. ADVISED STAFF TO STORE DAMP CLOTH IN SANI BUCKET IN BETWEEN USES, MAINTAIN SANITIZER CONCENTRATION BETWEEN 50-100 PPM. COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

Previous Order: 4-200 Equipment Design and Construction

4-201.11GMN *Priority Level: Priority 3 CFP#: 47*

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

COMMENT: COOKED LASAGNA DATE MARKED 9/21. ADVISED STAFF TO DISCARD FOOD AND DISCONTINUE PRACTICE OF KEEPING LEFTOVERS, DISCARD FOODS COOKED IN HOUSE BY END OF DAY. COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

Previous 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: NO FOOD THERMOMETER AVAILABLE. ADVISED STAFF TO PROVIDE A THIN PROBE THERMOMETER AND MAINTAIN. COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

Previous Order: 4-300 Equipment Numbers and Capacities

4-302.13B *Priority Level: Priority 2 CFP#: 48*

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

COMMENT: NO TEST KIT AVAILABLE. ADVISED STAFF TO PROVIDE AN IRREVERSIBLE THERMOMETER OR THERMOLABELS TO MEASURE UTENSIL SURFACE TEMPERATURE OF AT LEAST 150F ON WEEKLY BASIS. COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

! Previous Order: 4-700 Sanitizing Equipment and Utensils4-703.11B *Priority Level: Priority 1 CFP#: 16*

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

COMMENT: THERMOLABEL WAS PROVIDED BY SANITARIAN. PER TEST RESULTS, UTENSIL SURFACE TEMPERATURE (UST) OF DISH MACHINE WAS BELOW 150F. STAFF WAS ADVISED TO PROVIDE TEST KIT TO RE-MEASURE UST AND PROVIDE RESULTS TO SANITARIAN FOR VERIFICATION. IF DISH MACHINE IS INCAPABLE OF REACHING 150F, DISH MACHINE MUST BE REPAIRED/REPLACED OR A 3 COMPARTMENT SINK FOR DISH WASHING MUST BE PROVIDED ALONG WITH A SEPARATE HANDWASHING SINK. COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

Previous Order: 6-300 Physical Facility Numbers and Capacities6-301.12 *Priority Level: Priority 2 CFP#: 10*

MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.

COMMENT: NO PAPER TOWELS AVAILABLE AT KITCHEN HANDWASHING SINK. ADVISED STAFF TO PROVIDE AND MAINTAIN. COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

Previous Order: 6-300 Physical Facility Numbers and Capacities6-301.14A *Priority Level: Priority 3 CFP#: 10*

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.

COMMENT: NO REMINDER SIGN IN THE BATHROOM. ADVISED STAFF TO POST. SIGN PROVIDED WITH REPORT. COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

Food & Beverage General Comment

Full inspection was completed with Dee Mosissa as the lead Health Regulation Division Nurse Evaluator completing the site survey on 9/23/25. Follow-up report completed to assess compliance with previous order(s). Utensil surface temperature of dish machine is recorded from the 9/23/25 inspection - additional test results are requested by the sanitarian to verify sanitizing capabilities and/or to provide alternative solutions for sanitizing dish ware as required.

UTENSIL SURFACE TEMPERATURE (F)**DISH MACHINE: BELOW 150***

Foods cooked in house must be fully cooked (exception for pasteurized eggs) and must only be available for same day service for highly susceptible populations, discontinue any cooling and reservice of cooked food.

This facility has a residential kitchen with residential equipment, laminated cabinetry, laminated countertop, laminated flooring, smooth walls, and smooth ceilings. Samsung residential dish machine with a sani rinse option in use (ANSI/NSF 184). Sanitizing option on dish machine must always be used when running a cycle. Equipment and physical facility will be monitored at future inspections.

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling, major equipment additions, or changes of equipment due to a menu change.

***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.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 1-877-366-3455

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 F1043251216 from 10/2/2025



Establishment Representative

Blia Lor,
Public Health Sanitarian 1
651-355-0641
blia.lor@state.mn.us



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

HEARTS OF HOPE HOME CARE SERV
1717 YELLOWSTONE TRAIL
Brooklyn Park, MN 55444
Hennepin County
Parcel:

Phone:

License Info

License: HFID 40908

Risk:
License:
Expires on:
CFPM: Yamah K. Buway
CFPM #: FM87676; Exp: 8/10/2026

Inspection Info

Report Number: F1043251200
Inspection Type: Full - Single
Date: 9/23/2025 Time: 4:17:19 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 3
Total Priority 2 Orders: 5
Total Priority 3 Orders: 3
Delivery:

! New Order: 2-200 Employee Health

2-201.11C *Priority Level: Priority 1 CFP#: 3*

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

COMMENT: NO ILLNESS LOG IN USE. ADVISED STAFF TO MAINTAIN LOG AND RECORD INFORMATION FROM STAFF WHO CALLS IN SICK OR GOES HOME SICK FROM WORK. LOG PROVIDED WITH REPORT. COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

New Order: 2-500 Cleanup of Vomiting and Diarrheal Events

2-501.11 *Priority Level: Priority 2 CFP#: 5*

MN Rule 4626.0123 Provide employees with procedures to follow for cleanup of vomit or fecal matter in the establishment. The procedures must minimize the spread of contamination to food and surfaces within the facility, and minimize the exposure of employees and consumers to contamination.

COMMENT: NO CLEAN UP PROCEDURES OR KIT AVAILABLE. ADVISED STAFF TO PROVIDE AT LEAST ONE OPTION. POSTER PROVIDED WITH REPORT. COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

! 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: RAW SHELL EGGS STORED ON TOP SHELF IN FRIDGE OVER READY-TO-EAT FOODS (WATERMELON, BEVERAGES, ETC.). ADVISED STAFF TO STORE RAW FOODS AT BOTTOM OF FRIDGE. COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers

3-304.14B *Priority Level: Priority 3 CFP#: 41*

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

COMMENT: IN-USE, DAMP CLOTH STORED ON KITCHEN 2 COMP SINK DIVIDER. PER STAFF, FACILITY USES CHLORINE SANITIZER. ADVISED STAFF TO STORE DAMP CLOTH IN SANI BUCKET IN BETWEEN USES, MAINTAIN SANITIZER CONCENTRATION BETWEEN 50-100 PPM. COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

New Order: 4-200 Equipment Design and Construction4-201.11GMN *Priority Level: Priority 3 CFP#: 47*

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Comply By: 9/23/2025 Originally Issued On: 9/23/2025

New Order: 4-300 Equipment Numbers and Capacities4-302.12B *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: NO FOOD THERMOMETER AVAILABLE. ADVISED STAFF TO PROVIDE A THIN PROBE THERMOMETER AND MAINTAIN. COMPLY WITH ABOVE RULE.

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Comply By: 9/23/2025 Originally Issued On: 9/23/2025

New Order: 4-300 Equipment Numbers and Capacities4-302.14 *Priority Level: Priority 2 CFP#: 48*

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

COMMENT: PER STAFF, FACILITY USES CHLORINE SANITIZER. NO TEST KIT AVAILABLE. ADVISED STAFF TO PROVIDE AND MAINTAIN. COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

! New Order: 4-700 Sanitizing Equipment and Utensils4-703.11B *Priority Level: Priority 1 CFP#: 16*

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

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COMPLY WITH ABOVE RULE.

Comply By: 9/23/2025 Originally Issued On: 9/23/2025

Food & Beverage General Comment

Inspection was completed with Dee Mosissa as the lead Health Regulation Division Nurse Evaluator completing the site survey.

Discussed highly susceptible populations, date marking, illness policy, sanitizer use, ware washing, temperature control, same day service, cleaning, pest control, vomit/fecal procedures, test kits, food storage, and food handling procedures.

TEMPERATURE (F)

FRIDGE: MILK 41, BUTTER 41, LASAGNA 41, WATERMELON 45 (COOLING FROM AMBIENT)

UTENSIL SURFACE TEMPERATURE (F)

DISH MACHINE: BELOW 150*

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Martha Ogunti & others
PIC


Blia Lor,
Public Health Sanitarian 1
651-355-0641

