



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 24, 2026

Licensee

Peace Homecare Services LLC

5127 53rd Avenue North

Crystal, MN 55429

RE: Project Number(s) SL35898016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 2, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;

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

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

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

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

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

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating

factor.

To submit a hearing request, please visit:

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor

State Evaluation Team

Email: jess.schoenecker@state.mn.us

Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35898	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/02/2026
NAME OF PROVIDER OR SUPPLIER PEACE HOMECARE SERVICES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5127 53RD AVENUE NORTH CRYSTAL, MN 55429		
(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: SL35898016-0 On August 31, 2026, through September 2, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were four (4) residents receiving services under the 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 Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. 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 SUBDIVISION 1-3.		
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of	0 650			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 650	Continued From page 1 each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas prior to providing services for one of two unlicensed personnel ((ULP)-B). 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	0 650			

Minnesota Department of Health

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0 650	Continued From page 2 affect a large portion or all of the residents). The findings include: ULP-B was hired April 3, 2025, to provide direct assisted living services to the licensee's residents. On September 1, 2026, at 8:09 a.m., ULP-B was observed assisting with medication administration services to R1. ULP-B's employee file lacked documentation of training and competency evaluations for the following topics: -observation, reporting, and documenting of resident status; -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; and -recognizing physical, emotional, cognitive, and developmental needs of the residents. On September 1, 2026, at 2:00 p.m., clinical nurse supervisor (CNS)-A acknowledged ULP-B's record was missing documentation of demonstrated competency evaluation for the topics noted above. CNS-A stated ULP-B completed the training, but no documentation was provided to the surveyor. The licensee's 4.05 Employee Records policy dated August 1, 2021, indicated employee records for each person would include records of all training and in-service education required and/or provided including record of competency testing as required. No further information was provided.	0 650			

Minnesota Department of Health

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0 650	Continued From page 3	0 650			
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated September 1, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775			

Minnesota Department of Health

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Food & Beverage Inspection Report

Page: 1

Establishment Info

PEACE HOMECARE SERVICES LLC
5127 53rd Ave N
Crystal, MN 55429
Hennepin County
Parcel:

Phone:

License Info

License: HFID 35898

Risk:
License:
Expires on:
CFPM: Peace Kibaara
CFPM #: 56370; Exp: 2/7/2028

Inspection Info

Report Number: F1068261098
Inspection Type: Full - Single
Date: 9/1/2026 Time: 2:49:37 PM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

THE INSPECTION WAS COMPLETED AND DISCUSSED WITH THE PERSON IN CHARGE AND HEALTH REGULATION DIVISION NURSING EVALUATOR, SAFIA HASSAN (MDH).

THE ESTABLISHMENT HAS A RESIDENTIAL GRADE KITCHEN, INCLUDING THE REFRIGERATOR AND DISH MACHINE. THE KITCHEN FINISHES ARE AS FOLLOWS:

FLOORS: SMOOTH TILE
WALLS: SMOOTH, PAINTED DRYWALL
CEILINGS: SMOOTH, PAINTED

THE ESTABLISHMENT HAS A SCHEDULED MEAL MENU FOR RESIDENTS. THE PERSON IN CHARGE STATED THAT ALL FOOD PREPARED FOR RESIDENTS IS KEPT NO LONGER THAN A DAY, USING SAME DAY SERVICE.

THE FOLLOWING TOPICS WERE DISCUSSED DURING THE INSPECTION:

- HANDWASHING & DISPOSABLE GLOVE USE
- SANITIZATION CYCLE ON THE RESIDENTIAL DISH MACHINE
- SERVING A HIGHLY SUSCEPTIBLE POPULATION
- SAME DAY SERVICE
- BODILY FLUID CLEAN-UP PROCEDURES
- EMPLOYEE ILLNESS POLICY AND REPORTING PROCEDURES

THE PERSON IN CHARGE PROVIDED PICTURES OF THE FOLLOWING POST INSPECTION:

1. A HIGH TEMPERATURE REGISTERING STICKER SHOWING THAT THE DISH MACHINE'S SANITIZING RINSE CYCLE REACHED 160 DEGREES F.
2. A PROBE THERMOMETER SHOWING THAT THE REFRIGERATOR WAS ABLE TO MAINTAIN TCS FOODS AT 41 DEGREES F OR LESS.

and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the inspection report number F1068261098 from 9/1/2026

Gabriel Stark

Peace Kibaara
Person in charge

Gabe Stark,
Public Health Sanitarian 2
gabe.stark@state.mn.us

Temperature Observations/Recordings

Page: 1

Establishment Info

PEACE HOMECARE SERVICES LLC
Crystal
County/Group: Hennepin County

Inspection Info

Report Number: F1068261098
Inspection Type: Full
Date: 9/1/2026
Time: 2:49:37 PM

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

Location: Refrigerator at 38 Degrees F.

Comment:

Violation Issued?: No

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

Location: FREEZER at 12 Degrees F.

Comment:

Violation Issued?: No

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

Location: BASEMENT FREEZER at 19 Degrees F.

Comment:

Violation Issued?: No



, MN

Sanitizer Observations/Recordings

Page: 1

Establishment Info

PEACE HOMECARE SERVICES LLC
Crystal
County/Group: Hennepin County

Inspection Info

Report Number: F1068261098
Inspection Type: Full
Date: 9/1/2026
Time: 2:49:37 PM

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

Location: Kitchen **Equal To** 160 Degrees F.

Comment: RESIDENTIAL DISH MACHINE

Violation Issued?: No

Sanitizing Chemical: Product: Chlorine; **Sanitizing Process:** Spray Bottle

Location: Kitchen **Equal To** 50 PPM

Comment:

Violation Issued?: No

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL35898016-0	Date: September 1, 2026
Facility Name: PEACE HOMECARE SERVICES LLC	
Facility Address: 5127 53rd Ave N, Minneapolis, Minnesota 55429	

☒ TAG IDENTIFICATION: 0775

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]
2. Extension cords and flexible cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors. [Minn. Stat. 144G.45 subd. 2; MSFC 604.5]

Comments: Inside the facility laundry room an extension cord was fixed to the ceiling with electrical staples. The cord ran from an outlet on one side of the room to the facility’s water softener.

3. Storage of materials in buildings shall be orderly and stacks shall be stable. Storage of combustible materials shall be separated from heaters or heating devices by distance or shielding so that ignition cannot occur [Minn. Stat. 144G.45 subd. 2; MSFC 315.3]
- Comments: The facility failed to ensure that portable heating equipment was used and stored in a manner that prevented fire hazards. Inside Resident Room 1, the surveyor observed a space heater placed directly on top of a pile of cardboard boxes. Cardboard is a combustible material, and the heater’s direct contact with this storage created an unsafe fire hazard. This condition increased the risk of ignition and potential fire within the resident environment.*

4. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. [Minn. Stat. 144G.45 subd. 2; MSFC 604.6]

Comments: Inside Resident Room 4, the electrical outlet cover was missing, leaving electrical wiring exposed.