



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

Electronically Delivered

November 10, 2025

Licensee

Daystar Homecare LLC

12928 Bluebird Street Northwest

Coon Rapids, MN 55448

RE: Project Number(s) SL38702016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 29, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted nviolations 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

### **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>**

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Kelly Thorson, Supervisor

State Evaluation Team

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

Telephone: 320-223-7336 Fax: 1-866-890-9290

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>38702</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/29/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DAYSTAR HOMECARE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12928 BLUEBIRD STREET NW COON RAPIDS, MN 55448</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL38702016</p> <p>On October 27, 2025, through October 29, 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 receiving services under the Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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

Minnesota Department of Health

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0 680	<p>Continued From page 1</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:            Based on interview and record review, the licensee failed to have a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all visitors, employees, and residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and</p>	0 680		
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Minnesota Department of Health

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0 680	<p>Continued From page 2</p> <p>is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>The licensee's EPP dated August 7, 2024, lacked documentation of an annual review.</p> <p>On October 27, 2025, at 1:15 p.m., licensed assisted living director (LALD)-A stated the annual review was something that was just missed.</p> <p>The licensee's Emergency Preparedness policy dated August 1, 2021, indicated the emergency preparedness plan/program will be reviewed/updated at least annually.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 680		
01530 SS=F	<p>144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De-</p> <p>(a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of</p>	01530		

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01530	<p>Continued From page 3</p> <p>training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>(2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct care staff received the required 2 hours of initial training on mental illness and de-escalation topics effective July 1, 2025, for one of one employee (unlicensed personnel (ULP)-C). This</p>	01530		

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01530	<p>Continued From page 4</p> <p>had the potential to affect all residents and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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).</p> <p>The findings include:</p> <p>ULP-C began employment on August 18, 2025, to provide direct care services.</p> <p>On October 27, 2025, at 1:45 p.m., the surveyor observed ULP-C administer medications to R3.</p> <p>ULP-C's employee record showed documentation of 0.75 hours of mental illness-de-escalation techniques and communication training completed.</p> <p>On October 29, 2025, at 10:00 a.m., clinical nurse supervisor (CNS)-B stated the same mental illness class was assigned for all staff so no one had the required two hours of training.</p> <p>The licensee's Mental Illness and De-escalation Training for Assisted Living Staff policy dated November 1, 2024, indicated direct care staff will complete at least 2 hours of initial training on mental illness and de-escalation topics within 160 working hours of employment start date.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION:</p>	01530		
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01530	Continued From page 5  Twenty-One (21) days	01530		
01830 SS=F	<p><b>144G.71 Subd. 14 Renewal of prescriptions</b></p> <p>Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prescriptions were renewed at least every 12 months for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R1 began receiving services on February 2, 2023.</p> <p>R1's service plan, dated February 3, 2025, indicated R1 received medication administration services.</p> <p>On October 28, 2025, at 8:45 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1.</p>	01830		

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01830	<p>Continued From page 6</p> <p>R1's medication administration record (MAR) dated October 2025, included the following scheduled medications:</p> <ul style="list-style-type: none"> <li>-aripiprazole 5mg daily</li> <li>-aspirin 81mg daily</li> <li>-ferosul 325mg daily</li> <li>-gabapentin 400mg three times daily</li> <li>-Humalog 8u three times daily</li> <li>-ketoconazole cream- self admin twice daily</li> <li>-Lantus 46u before bedtime</li> <li>-losartan 100mg daily</li> <li>-metformin 1000mg twice daily</li> <li>-metoprolol 200mg daily</li> <li>-spironolactone 25mg daily</li> <li>-tamsulosin 0.4mg daily</li> <li>-Trulicity inject 3mg weekly</li> <li>-atorvastatin 10mg daily</li> <li>-famotidine 40mg daily</li> <li>-montelukast 10mg daily</li> <li>-mirtazapine 15mg daily</li> <li>-trazadone 150mg daily</li> </ul> <p>R1's provider orders were expired for all medications.</p> <p>On October 28, 2025, at 3:10 p.m., licensed assisted living director (LALD)-A stated R1 usually goes to appointments by himself, and they don't send paperwork with and R1 doesn't always bring paperwork back. The orders from the provider go directly to the pharmacy and the pharmacy puts them in RTasks (electronic record).</p> <p>The licensee's Medication Orders policy dated August 1, 2021, indicated medication orders will be renewed at least every 12 months or as required by the physician, the RN assessment</p>	01830		

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01830	Continued From page 7 and/or regulation.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01830		
01890 SS=D	<p><b>144G.71 Subd. 20 Prescription drugs</b></p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to keep medications in their original containers bearing the original prescription label for one of one resident R3.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On October 28, 2025, at 9:50 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R3. ULP-C gathered</p>	01890		

Minnesota Department of Health

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01890	<p>Continued From page 8</p> <p>punch packs, one bottle, and two patches from the medication cabinet and brought them to the computer to verify the rights of medication administration. R3's bottle of zinc and nicotine patch did not have pharmacy labels or any identification to indicate to whom they belonged.</p> <p>On October 28, 2025, at 9:55 a.m., ULP-C stated R3 was the only one with patches and over-the-counter bottles of medication, so she knew who it was for. ULP-C further stated the nicotine patches came from a support group and R3 provided her own bottle of zinc so that's why they don't have pharmacy labels.</p> <p>On October 28, 2025, at 2:00 p.m., clinical nurse supervisor (CNS)-B stated the bottle of zinc, and the patches should have been labeled with R3's name.</p> <p>The licensee's Storage/Control of Medications policy dated August 1, 2021, indicated over-the-counter medications and dietary supplements that are not prescribed should be retained in their original, labeled container with directions for use.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		
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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

Daystar Homecare LLC  
12928 Bluebird Street NW  
Coon Rapids, MN 55448  
Anoka County  
Parcel:  
  
Phone:

### License Info

License: 0040968  
  
Risk:  
License: -1  
Expires on: 12/31/2022  
CFPM:  
CFPM #: ; Exp:

### Inspection Info

Report Number: F1025251185  
Inspection Type: Full - Single  
Date: 10/27/2025 Time: 12:30 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

Discussed employee health/hygiene, illness symptoms and exclusion, routine maintenance of the refrigerator cleaning compressor fins (milk was reported not previously frozen, cleaning might help with gradient), dishwasher use and sanitize cycle (log kept of strips, use in conjunction with the sanitize cycle), food contact surfaces, cooking food including frozen food, recalls, pest control, deliveries, CFPM coverage (check statute language for exact distance)

**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 F1025251185 from 10/27/2025

Emily



Casey Kipping, MA RS  
Public Health Sanitarian 3  
651-201-4513  
casey.kipping@state.mn.us



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

## Temperature Observations/Recordings

Page: 1

### Establishment Info

Daystar Homecare LLC  
Coon Rapids  
County/Group: Anoka County

### Inspection Info

Report Number: F1025251185  
Inspection Type: Full  
Date: 10/27/2025  
Time: 12:30 PM

**New Record: Product/Item/Unit:** Milk; **Temperature Process:** Cold-Holding

**Location:** Refrigerator at Degrees F.

Comment: Partially frozen

*Violation Issued?: No*

**New Record: Product/Item/Unit:** Deli meat, pkg; **Temperature Process:** Cold-Holding

**Location:** Refrigerator at 41 Degrees F.

Comment:

*Violation Issued?: No*

**New Record: Product/Item/Unit:** Ambient; **Temperature Process:** Cold-Holding

**Location:** Refrigerator at 41 Degrees F.

Comment:

*Violation Issued?: No*

**New Record: Product/Item/Unit:** Freezer; **Temperature Process:**

**Location:** Garage at Degrees F.

Comment: Frozen

*Violation Issued?: No*

**New Record: Product/Item/Unit:** Staff only refrigerator; **Temperature Process:**

**Location:** Garage at Degrees F.

Comment: Not checked, staff only items

*Violation Issued?: No*

# Food Establishment Inspection Report

Metro District Office Minnesota Department of Health 625 Robert St N, PO BOX 64975 St Paul, MN 55164	No. of Risk Factor/Intervention/Violations	0	Date: 10/27/2025
	No. of Repeat Risk Factor/Intervention/Violations		Time: 12:30 PM
	Score (optional)		Dur: min
Establishment: Daystar Homecare LLC	Address: 12928 Bluebird Street NW	City/State: Coon Rapids, MN	Zip: 55448
License/Permit #: 0040968	Permit Holder:	Purpose of Inspection: Full	Est. Type: Risk Category:

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item		Mark "X" in appropriate box for COS and/or R	
IN=in compliance    OUT=not in compliance    N/O=not observed    N/A=not applicable		COS=corrected on-site during inspection    R=repeat violation	
Compliance Status		COS	R
<b>Supervision</b>			
1	IN		
Person in charge present, demonstrate knowledge and performs duties			
2	IN		
Certified Food Protection Manager			
<b>Employee Health</b>			
3	IN		
knowledge, responsibilities, and reporting			
4	IN		
Proper use of restriction and exclusion			
5	IN		
Response to vomiting, diarrheal events			
<b>Good Hygienic Practices</b>			
6	IN		
Proper eating, tasting, drinking, tobacco use			
7	IN		
No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>			
8	IN		
Hands clean and properly washed			
9	IN		
No bare hand contact with RTE foods, alternatives			
10	IN		
Adequate handwashing sinks supplied and access			
<b>Approved Source</b>			
11	IN		
Food obtained from approved source			
12	N/O		
Food Received at proper temperature			
13	IN		
Food in good condition, safe & unadulterated			
14	N/A		
Records available: shellstock tags, parasite dest.			
<b>Protection From Contamination</b>			
15	IN		
Food separated and protected			
16	IN		
Food-contact surfaces; cleaned & sanitized			
17	IN		
Proper Disposition of returned, previously served, reconditioned, & unsafe food			
		<b>Risk factors</b> are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury	

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance    Mark "X" in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation

		COS	R
<b>Safe Food and Water</b>			
30	N/A		
Pasteurized eggs used where required			
31			
Water & ice from approved source			
32	N/A		
Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>			
33			
Proper cooling methods used; adequate equipment for temperature control			
34	N/O		
Plant food properly cooked for hot holding			
35	N/O		
Approved thawing methods used			
36			
Thermometers provided & accurate			
<b>Food Identification</b>			
37			
Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
38			
Insects, rodents, & animals not present; no unauthorized person			
39			
Contamination prevented during food prep, storage, & display			
40			
Personal cleanliness			
41			
Wiping cloths: properly used & stored			
42			
Washing fruits & vegetables			
Person in Charge (signature)			

		COS	R
<b>Proper Use of Utensils</b>			
43			
In-use utensils; Properly stored			
44			
Utensils, equipment & linens; properly stored, dried, handled			
45			
Single-use & single-service articles, properly stored and used			
46			
Gloves used properly			
<b>Utensils, Equipment and Vending</b>			
47			
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48			
Warewashing facilities: installed, maintained, used; test strips			
49			
Non-food contact surfaces clean			
<b>Physical Facilities</b>			
50			
Hot & cold water available; adequate pressure			
51			
Plumbing installed; proper backflow devices			
52			
Sewage & waste water properly disposed			
53			
Toilet facilities; properly constructed, supplied & cleaned			
54			
Garbage & refuse properly disposed; facilities maintained			
55			
Physical facilities installed, maintained & clean			
56			
Adequate ventilation & lighting; designated areas used			
57			
Compliance with MCIAA			
58			
Compliance with licensing and plan review			

Inspector (signature)	Follow-up:      Follow-up Date:
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