DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 6, 2025

Licensee
Cozy Baraka Home Care Inc
3554 Boone Avenue North
New Hope, MN 55427

RE: Project Number(s) SL36907016

Dear Licensee:

On October 24, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on August 13, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

CLN

Electronically Delivered

September 30, 2025

Licensee
Cozy Baraka Home Care Inc
3554 Boone Avenue North
New Hope, MN 55427

RE: Project Number(s) SL36907016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 13, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00
St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you

may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36907	A. BUILDING: _____ B. WING _____	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COZY BARAKA HOME CARE INC	3554 BOONE AVENUE NORTH NEW HOPE, MN 55427

(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: SL36907016-0 On August 12, 2025, through August 13, 2025 , the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were four residents; four receiving services under the Assisted Living Facility license. Amendment made to background study tag 1290 staff identifiers. Licensed assisted living director (LALD)-D was changed to clinical nurse supervisor (CNS)-A. 1290: An immediate correction order was identified on August 13, 2025 at a level 3, Isolated (G). The licensee took immediate action; however, the scope and level remains at G.	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.	

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0 510	Continued From page 1	0 510		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complied with accepted health care, medical and nursing standards for infection control. The deficient practice had the potential to affect all residents, employees, 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 August 13, 2025, at 8:52 a.m., the surveyor	0 510		

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0 510	Continued From page 2 observed a bottle of hand sanitizer on the medication cart. The surveyor observed unlicensed personnel (ULP)-B prepare R3 medications. ULP-B did not perform hand hygiene or apply gloves prior to beginning the medication administration. With soiled hands, ULP-B prepared R3's medications by removing them from bubble packs and putting them in a medication cup. With soiled hands, ULP-B brought R3 their medications and handed R3 the medication cup and R3 took their medications. The surveyor observed ULP-B return to the medication cart and complete administration documentation. Without performing hand hygiene, ULP-B began to prepare R4's medications. With soiled hands, ULP-B prepared R4's medications by removing them from bubble packs and putting them in a medication cup. With soiled hands, ULP-B brought R4 their medications and handed R4 the medication cup, and R4 took their medications. The surveyor observed ULP-B return to the medication cart and completed medication administration documentation. ULP-B did not perform hand hygiene at any time during R3 and R4's medication administration. On August 13, 2025, at 11:13 a.m., ULP-B stated they did not perform hand hygiene during the medication passes for R3 and R4. ULP-B stated they washed their hands when they first arrived for their shift and when they administered someone else's medications, but not during the surveyor's observation. The surveyor inquired how ULP-B was trained to perform hand hygiene during a medication pass, ULP-B stated they were not sure and then stated, "so I should perform hygiene between residents too?"	0 510		

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0 510	Continued From page 3 On August 13, 2025, at 12:03 p.m., clinical nurse supervisor (CNS)-A stated ULP-B should have performed hand hygiene before, after, and in between resident medication passes. On August 13, 2025, 12:11 p.m., registered nurse (RN)-E stated the expectation for medication administration was to perform hand hygiene before and after administering a resident's medication and to wear gloves during the process. The Center for Disease Control (CDC) Hand Hygiene Guidance last reviewed on April 12, 2024, indicated, 1. Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations. 2. Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: a. Immediately before touching a patient b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices c. Before moving from work on a soiled body site to a clean body site on the same patient d. After touching a patient or the patient's immediate environment e. After contact with blood, body fluids or contaminated surfaces f. Immediately after glove removal 3. Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled. 4. Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered.	0 510		

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0 510	Continued From page 4 The licensee's 8.09 Hand Washing policy dated August 1, 2021, indicated: Proper hand washing techniques should be used to protect the spread of infection. Handwashing shall be completed: -Before, during , and after preparing food -Before eating food -Before and after caring for someone who is sick -Before and after treating a cut or wound -After using the toilet -After changing diapers or cleaning up after someone who used the toilet -After blowing your nose, coughing, or sneezing -After touching an animal or animal waste -After handling pet food or pet treats -After touching garbage No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person	0 550		

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0 550	Continued From page 5 providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post information directing individuals to the Office of Health Facility Complaints (OHFC) at the Minnesota Department of Health (MDH) if they had complaints about the facility or person providing services. 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 August 12, 2025, at 9:40 a.m. during the facility tour with clinical nurse supervisor (CNS)-A, the surveyor observed the licensee's To Make Any Complaints/Grievances posting which lacked information directing individuals to the OHFC if they had complaints about the facility or person providing services. The surveyor inquired if the OHFC information was posted anywhere else in the facility, CNS-A stated no and wasn't sure what it was; the surveyor provided the OHFC information to CNS-A. No further information was provided.	0 550		

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0 550	Continued From page 6 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550		
0 775 SS=D	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain facility in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect some 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 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). The findings include: On August 12, 2025, from approximately 11:15 a.m. to 12:50 p.m., the surveyor toured the facility with clinical nurse supervisor (CNS)-A. During the tour the surveyor observed the following: A dresser and tv were located directly in front of the egress window in resident room 2 which obstructed access to the window. Egress	0 775		

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0 775	Continued From page 7 windows must be maintained clear and accessible to provide ready exit from the room in event of emergency. CNS-A indicated that resident in resident room 2 would have difficultly moving the furniture during an emergency, further increasing the potential risk of injury. CNS-A acknowledged the noted deficiency during the tour and expressed that they would move the furniture immediately. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
01290 SS=G	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure they received a background study (BGS) clearance	01290		

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01290	Continued From page 8 from NETStudy 2.0 (web-based system use to submit BGS requests to the Department of Human Services (DHS)) in affiliation with the assisted living licensee's health facility identification number (HFID) for one of one employee (unlicensed personnel (ULP)-B) with a COVID-19 expired BGS. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), and was issued at an isolated scope (when one or a limited number of cresidents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: The licensee's HFID was 36907. ULP-B was hired on March 12, 2021, to provide direct care services to residents. The licensee's Staff Listing dated August 12, 2025, indicated ULP-B was a current employee for the licensee. The licensee's NETStudy2.0 report completed on August 13, 2025, indicated ULP-B had a COVID expired BGS. The licensee's August 2025 staff schedule indicated ULP-B was scheduled to work on August 12-15, 2025. On August 12, 2025, at 9:30 a.m., the surveyor entered the facility and observed ULP-B was the only staff member at the facility working	01290		

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01290	Continued From page 9 unsupervised. On August 12, 2025, the surveyor observed ULP-B provide services to multiple residents throughout the day. On August 13, 2025, at 8:52 a.m., the surveyor observed ULP-B administer medications to R3 and R4. On August 13, 2025, at 8:10 a.m., the surveyor observed the licensee's NETStudy 2.0 report run on August 13, 2025, at 8:10 a.m. The surveyor observed ULP-B had a COVID-19 expired BGS which was not rerun when it expired. Clinical nurse supervisor (CNS)-A asked the surveyor for clarification of what it meant for a BGS to be COVID-19 expired; the surveyor explained the Minnesota Department of Human Services (DHS) information outlined below. On August 13, 2025, at 8:28 a.m., via email, CNS-A provided a Background Study Clearance letter for ULP-B dated August 13, 2025. The DHS website for Background Studies updated August 7, 2025, indicated, "DHS temporarily modified background studies during the COVID-19 pandemic. Modifications ended Jan. 1, 2023, and emergency studies are no longer valid." The licensee's 4.02 Background Study policy dated August 1, 2021, indicated: "POLICY: [Licensee] will conduct a Minnesota Department of Human Services Background Study on all employees and volunteers and contractors at [licensee], Inc. No employee may provide direct services and	01290		

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01290	Continued From page 10 have independent direct contact with any residents until acceptable result of the background study have been received. [Licensee] will not employ individuals whose results of the background study indicate disqualification for the position." No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On August 13, 2025, the licensee took immediate action to mitigate the risk to residents; however, the scope and level remains at G.	01290		
01530 SS=F	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (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 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; (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	01530		

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	36907	A. BUILDING: _____ B. WING _____	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COZY BARAKA HOME CARE INC	3554 BOONE AVENUE NORTH NEW HOPE, MN 55427

(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
01530	Continued From page 11 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; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two hours of initial mental illness and de-escalation training was conducted within 160 hours of providing direct care to residents for two of two direct care staff (unlicensed personnel (ULP)-B, ULP-C). 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	01530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36907	A. BUILDING: _____ B. WING _____	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COZY BARAKA HOME CARE INC	3554 BOONE AVENUE NORTH NEW HOPE, MN 55427

(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
01530	Continued From page 12 affect a large portion or all of the residents). The findings include: On August 13, 2025, at 8:52 a.m., the surveyor observed ULP-B administer medications for R3 and R4. ULP-B ULP-B was hired on March 12, 2021, to provide direct cares to residents. ULP-C ULP-C was hired on October 18, 2024, to provide direct cares to residents. ULP-B and ULP-C's Educare (online training platform) transcripts indicated mental illness and de-escalation training were completed on August 13, 2025, during survey. On August 13, 2025, at 12:03 p.m., clinical nurse supervisor (CNS)-B stated they were aware of the new mental illness and de-escalation training and had assigned it to their staff for completion; however, none of the staff had completed the training, but they were having them complete it as soon as possible. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

COZY BARAKA HOME CARE INC
3554 BOONE AVENUE NORTH
New Hope, MN 55427
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36907

Risk:
License:
Expires on:
CFPM: Rahel Aron
CFPM #: 3719; Exp: 5/1/2028

Inspection Info

Report Number: F1031251085
Inspection Type: Full - Single
Date: 8/12/2025 Time: 10am
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 3
Total Priority 3 Orders: 0
Delivery: Emailed

New Order: 4-300 Equipment Numbers and Capacities
4-302.12A *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0705A Provide a readily accessible food temperature measuring device to ensure attainment and maintenance of food temperatures.
COMMENT:
ESTABLISHMENT DOES NOT HAVE A THIN PROBE THERMOMETER.
REVIEWED ON COMPUTER WITH PIC WHICH THERMOMETER TO PURCHASE.
Comply By: 8/15/2025 Originally Issued On: 8/12/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT:
ESTABLISHMENT DOES NOT HAVE SANITIZER TESTING KIT ON SITE.
PURCHASE KIT AND TEST SANI CONCENTRATION (50-200PPM BLEACH, 150-400PPM QUAT) ON REGULAR BASIS.
Comply By: 8/15/2025 Originally Issued On: 8/12/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.12 *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:
HANDWASH STATION MISSING PAPER TOWELS.
STAFF FILLED TOWELS.
Comply By: Complied On Site Originally Issued On: 8/12/2025

Food & Beverage General Comment

All violations discussed with PIC prior to leaving site.

Discussed:
- Pasteurized egg use
- Pests
- Making sanitizer

- Illness and illness log

ILLNESS COMPLAINT PROCEDURE:
If any customer complains of illness take these steps:
1. Gather as much information from the customer as possible, such as: name, phone#, date of illness, food consumed.
2. Give customer the illness hotline phone number: 1-877-366-3455.
3. Contact your health inspector: Give inspector information gathered from customer and any other useful information.

Contact inspector prior to any major equipment or building changes; some changes may require plan review to be completed.

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 F1031251085 from 8/12/2025

Martha Jah
Person in Charge

Chris Foster, REHS/RS
Public Health Sanitarian 3
651-201-4728
chris.j.foster@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

COZY BARAKA HOME CARE INC
New Hope
County/Group: Hennepin County

Inspection Info

Report Number: F1031251085
Inspection Type: Full
Date: 8/12/2025
Time: 10am

Food Temperature: Product/Item/Unit: Jelly**; Temperature Process:** Cold-Holding
Location: Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

COZY BARAKA HOME CARE INC
New Hope
County/Group: Hennepin County

Inspection Info

Report Number: F1031251085
Inspection Type: Full
Date: 8/12/2025
Time: 10am

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

Sanitizing Chemical: **Product:** Lysol Spray**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Equal To** 200 PPM
Comment:
Violation Issued?: No