



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

Electronically Delivered  
June 24, 2026

Licensee  
Midtown Housing Services LLC  
2830 12th Avenue South  
Minneapolis, MN 55407

RE: Project Number(s) SL36236016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 28, 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/Bm5uQEpHV>**. 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](mailto:jess.schoenecker@state.mn.us)

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

JMD

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>36236 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | (X3) DATE SURVEY COMPLETED<br><br>05/28/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>MIDTOWN HOUSING SERVICES LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2830 12TH AVENUE SOUTH<br>MINNEAPOLIS, MN 55407                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                              |
| (X4) ID<br>PREFIX<br>TAG                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X5)<br>COMPLETE<br>DATE |                                              |
| 0 000                                                            | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</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>SL36236016-0</p> <p>On May 26, 2026, through May 28, 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 three (3) residents receiving services under the Assisted Living Facility license.</p> | 0 000                                                           | <p>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.</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 SUBDIVISION 1-3.</p> |                          |                                              |
| 0 775<br>SS=F                                                    | 144G.45 Subd. 2. (a) Fire protection and physical environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 775                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                              |

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                                                                                          |  |                                              |
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| NAME OF PROVIDER OR SUPPLIER<br><br>MIDTOWN HOUSING SERVICES LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2830 12TH AVENUE SOUTH<br>MINNEAPOLIS, MN 55407                                 |  |                                              |
| (X4) ID<br>PREFIX<br>TAG                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                     |
| 0 775                                                            | Continued From page 1<br><br>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>This MN Requirement is not met as evidenced by:<br>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.<br><br>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).<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated May 26 2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days. | 0 775                                                           |                                                                                                                          |  |                                              |
| 0 800<br>SS=C                                                    | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 800                                                           |                                                                                                                          |  |                                              |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MIDTOWN HOUSING SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2830 12TH AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                         |  |                                                     |
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| 0 800                                                                   | <p>Continued From page 2</p> <p>good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by:<br/>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.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated May 26 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Twenty one (21) days.</p> | 0 800                                                                  |                                                                                                                          |  |                                                     |
| 0 970<br>SS=C                                                           | <p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 970                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MIDTOWN HOUSING SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2830 12TH AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                         |  |                                                     |
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| 0 970                                                                   | <p>Continued From page 3</p> <p>property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.</p> <p>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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 was admitted on August 19, 2023.</p> <p>R2's Assisted Living Contract dated August 19, 2023, included the following language under the Miscellaneous Provisions sections, "The resident agrees that [licensee's name] will not be liable to the resident for the any personal injury or property damage," and "The resident hereby releases [licensee's name] from liability for any personal injury or property damage suffered by the resident."</p> <p>On May 27, 2026, at 10:30 a.m., licensed</p> | 0 970                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MIDTOWN HOUSING SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2830 12TH AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                         |  |                                                        |
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| 0 970                                                                   | <p>Continued From page 4</p> <p>assisted living director (LALD)-D stated the licensee would need to review the assisted living contract template the licensee used would need to be reviewed and any liability waiver would be removed. LALD-D stated the licensee used a template purchased from a local provider advocacy group and thought it was in compliance.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 970                                                                     |                                                                                                                          |  |                                                        |



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

Midtown Housing Services Llc  
2830 12th Ave S  
Minneapolis, MN 55407  
Hennepin County  
Parcel:  
  
Phone:

### License Info

License: HFID 36236  
  
Risk:  
License:  
Expires on:  
CFPM: Mohamed Mohamed  
CFPM #: 61597; Exp: 9/23/2028

### Inspection Info

Report Number: F7963261075  
Inspection Type: Full - Single  
Date: 5/27/2026 Time: 1:39:06 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

MET WITH ESTABLISHMENT REPRESENTATIVE MOHAMED MOHAMED. HRD NURSE SURVEYOR BRANDON MUELLER WAS NOT ON SITE DURING INSPECTION. DISCUSSED THE FOLLOWING-

- EMPLOYEE ILLNESS POLICY AND LOG
- REPORTABLE DISEASES
- SAME-DAY FOOD SERVICE DEFINITION
- PHYSICAL FACILITIES
- RESTRICTIONS WHEN SERVING SUSCEPTIBLE POPULATIONS

THIS IS A RESIDENTIAL HOME USING SAME-DAY FOOD SERVICE. THEY USE A DISHWASHER TO WASH AND SANITIZE DISHES AND UTENSILS.  
KITCHEN HAS TILE FLOORING, POPCORN TEXTURED CEILING, GRANITE COUNTERTOPS AND WOOD CABINETS.

**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 F7963261075 from 5/27/2026**

Mohamed Mohamed  
PIC

Peggy Spadafore,  
Public Health Sanitarian Supervisor  
651-201-3979  
peggy.spadafore@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

Midtown Housing Services Llc  
Minneapolis  
County/Group: Hennepin County

### Inspection Info

Report Number: F7963261075  
Inspection Type: Full  
Date: 5/27/2026  
Time: 1:39:06 PM

**Food Temperature:** **Product/Item/Unit:** MILK; **Temperature Process:**

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

Comment:

*Violation Issued?: No*

**Food Temperature:** **Product/Item/Unit:** SLICED CHICKEN; **Temperature Process:**

**Location:** REFRIGERATOR at 31 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

Page: 1

Establishment Info

Inspection Info

Midtown Housing Services Llc  
Minneapolis  
County/Group: Hennepin County

Report Number: F7963261075  
Inspection Type: Full  
Date: 5/27/2026  
Time: 1:39:06 PM

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

## Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

|                                                                             |                        |
|-----------------------------------------------------------------------------|------------------------|
| <b>Project No:</b> SL36236016-1                                             | <b>Date:</b> 5/26/2026 |
| <b>Facility Name:</b> Midtown Housing Services LLC                          |                        |
| <b>Facility Address:</b> 2830 12 <sup>th</sup> Ave S, Minneapolis, Mn 55407 |                        |

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☒ **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. 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: At the time of survey, in the mechanical room the outlet cover was missing for the washing machine outlet.*

3. Storage in mechanical equipment rooms, boiler rooms, and furnace rooms shall be neat and orderly and arranged to provide immediate access to equipment. Clearances between equipment and storage shall be at least 36 inches, or as required by the manufacturer, whichever is greater. [Minn. Stat. 144G.45 subd. 2; MSFC 315.3.3.1]

*Comments: At the time of survey, there were multiple items stored near the water heater and furnace.*

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☒ **TAG IDENTIFICATION: 0800**

**SCOPE/ SEVERITY:** Level 1; Widespread

**TIME PERIOD OF CORRECTION:** Twenty One (21) days

1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

*Comments: At the time of survey, the mechanical room door was not securely attached to the door frame.*

*In the lower-level office, the window glass is cracked and had a hole in it.*

*In resident room 2 there was a damaged outlet cover.*