Electronically Delivered

August 7, 2026

Licensee
Joy Care Homes LLC
11900 Quebec Circle
Champlin, MN  55316

RE:  Project Number(s) SL34397016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 8, 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:

**St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00**
**St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - $500.00**
**St - 0 - 0810 - 144g.45 Subd. 2 (b-F) - 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 $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.

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

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34397 | A. BUILDING: _____ B. WING _____ | 07/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| JOY CARE HOMES LLC | 11900 QUEBEC CIRCLE CHAMPLIN, MN 55316 |

| (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 |
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| 0 000 | Initial Comments<br><br>*****ATTENTION*****<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL34397016-0<br><br>On July 6, 2026, through July 8, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were four (4) residents receiving services under the Assisted Living Facility license. | 0 000 | Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3. | |
| 0 480 SS=F | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services | 0 480 | | |

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| 0 480 | Continued From page 1<br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;<br>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;<br>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;<br>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;<br>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are | 0 480 | | |

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| 0 480 | Continued From page 2<br><br>allowed provided the facility keeps them clean and in good condition;<br>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<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 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 of the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 6, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. | 0 480 | | |

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| 0 480 | Continued From page 3<br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |
| 0 680 SS=F | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(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;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(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.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, 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 staff, visitors, and residents receiving services | 0 680 | | |

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| 0 680 | Continued From page 4<br>under the license.<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 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 of the residents).<br><br>The findings include:<br><br>On July 6, 2026, at 11:30 a.m., the surveyor observed an emergency disaster plan prominently was posted in a central location.<br><br>The licensee EPP dated April 19, 2026, lacked evidence of the following required content:<br>- evacuation plan (not customized for the facility).<br><br>During an interview on July 7, 2026, at 1:30 p.m., administrator (A)- D stated she was familiar with Appendix Z. A-D stated she thought they had everything in the EPP, and she acknowledged the required content mentioned above was missing.<br><br>No additional information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 680 | | |
| 0 775 SS=F | 144G.45 Subd. 2. (a) Fire protection and physical environment<br><br>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: | 0 775 | | |

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| 0 775 | Continued From page 5<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 July 7, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) Days | 0 775 | | |
| 0 780 SS=F | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment<br><br>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br>(1) for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for | 0 780 | | |

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| 0 780 | Continued From page 6<br><br>sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;<br>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;<br>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and<br>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;<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). | 0 780 | | |

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| 0 780 | Continued From page 7<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated July 7, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) Days | 0 780 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b-f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at | 0 810 | | |

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| 0 810 | Continued From page 8<br><br>least once per year.<br>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.<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 July 7, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) Days | 0 810 | | |

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

Joy Care Homes LLC
11900 QUEBEC CIRCLE
Champlin, MN 55316
Hennepin County
Parcel:

Phone:
PMORABU@JOYCAREHOMESLLC.COM

## License Info

License: HFID 34397

Risk:
License:
Expires on:
CFPM: JOY MOBAAKI MORABU
CFPM #: 16644; Exp: 2/10/2028

## Inspection Info

Report Number: F1029261207
Inspection Type: Full - Single
Date: 7/6/2026 Time: 11:56:26 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 3
Total Priority 2 Orders: 2
Total Priority 3 Orders: 5
Delivery:

! **New Order: 3-300B Protection from Contamination: cross-contamination, eggs**
3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*
*MN Rule 4626.0235A(1)* Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.
COMMENT: UNPASTEURIZED SHELL EGGS ABOVE READY TO EAT ITEMS. OPERATOR INSTRUCTED TO MOVE BELOW RTE ITEMS AND/OR PLACE INTO LEAKPROOK CONTAINER WITH HIGH SIDEWALLS.
*Comply By: 7/6/2026 Originally Issued On: 7/6/2026*

**New Order: 3-300C Protection from Contamination: equipment/utensils, consumers**
3-304.14B *Priority Level: Priority 3 CFP#: 41*
*MN Rule 4626.0285B* Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.
COMMENT: DAMP WIPING CLOTH NOT IN SANITIZER SOLUTION. OPERATOR INSTRUCTED TO HOLD WIPING CLOTHS IN SANITIZER SOLUTION IF DISPOSABLE FOOD CONTACT SURFACE WIPES ARE NOT USED.
*Comply By: 7/6/2026 Originally Issued On: 7/6/2026*

**New Order: 3-300C Protection from Contamination: equipment/utensils, consumers**
3-304.14F *Priority Level: Priority 3 CFP#: 41*
*MN Rule 4626.0285F* Single-use disposable sanitizer wipes must be used according to US EPA approved manufacturer's label use instructions.
COMMENT: DISINFECTANT WIPES USED ON POTENTIAL FOOD CONTACT SURFACES IN KITCHEN. OPERATOR INSTRUCTED TO ONLY USE WIPES INTENDED FOR FOOD CONTACT SURFACES ON FOOD CONTACT SURFACES.
*Comply By: 7/6/2026 Originally Issued On: 7/6/2026*

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
*MN Rule 4626.0395A2* Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: TEMPERATURE ABUSED TCS ITEMS IN FRIDGE DISCARDED BY OPERATOR. OPERATOR INSTRUCTED TO ADJUST, REPAIR, OR REPLACE FRIDGE TO HOLD AT 41F OR LESS THROUGHOUT. FRIDGE ADJUSTED BY OPERATOR DURING INSPECTION. OPERATOR INSTRUCTED TO VERIFY SAFE HOLDING TEMPERATURES PRIOR TO PLACING ADDITIONAL TCS ITEMS WITHIN.
*Comply By: 7/6/2026 Originally Issued On: 7/6/2026*

**New Order: 3-600 Food Identity**
3-603.11A *Priority Level: Priority 2 CFP#: 25*
*MN Rule 4626.0442A* Inform consumers of the increased risk of consuming raw, undercooked or unprocessed animal foods or shellfish by way of a disclosure and reminder.
COMMENT: UNDERCOOKED EGGS AVAILABLE UPON REQUEST BUT CONSUMER ADVISORY ABSENT. OPERATOR INSTRUCTED TO PROVIDE CONSUMER ADVISORY FOR 3 NON-HIGHLY SUSCEPTIBLE RESIDENTS AND TO NOT OFFER RAW OR UNDERCOOKED ITEMS TO THE 1 HIGHLY SUSCEPTIBLE RESIDENT.

**https://www.health.state.mn.us/communities/environment/food/docs/fs/consadvfs.pdf**
*Comply By: 7/31/2026 Originally Issued On: 7/6/2026*

**New Order: 4-100 Equipment Construction Materials**
4-101.19 *Priority Level: Priority 3 CFP#: 47*
*MN Rule 4626.0495* Remove non-food-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling, or that require frequent cleaning, that are not constructed of a corrosion-resistant, non-absorbent, and smooth material.
COMMENT: POPCORN CEILING. ENSURE CEILING IS SMOOTH, DURABLE, AND EASILY CLEANABLE.
*Comply By: 3/17/2027 Originally Issued On: 7/6/2026*

**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: WIPING CLOTH USED BUT NO SANITIZER TEST STRIPS. OPERATOR INSTRUCTED TO MAINTAIN TEST STRIP SUPPLY ONSITE IF SANITIZER SOLUTIONS WILL BE MIXED BY HAND.
*Comply By: 7/10/2026 Originally Issued On: 7/6/2026*

! **New Order: 4-700 Sanitizing Equipment and Utensils**
4-702.11 *Priority Level: Priority 1 CFP#: 16*
*MN Rule 4626.0900* Sanitize utensils and food contact surfaces of equipment before use, after cleaning.
COMMENT: THERMAL TAG FROM JUNE INDICATED DISHWASHER FAILED TO REACH SANITIZING TEMPERATURES. METHOD OF CORRECTION NOT KNOWN OR DOCUMENTED. SUBSEQUENT THERMAL TAGS INDICATED SANITIZING TEMPERATURES. OPERATOR INSTRUCTED TO ENSURE RESIDENTS AND STAFF DO NO OPEN THE DISHWASHER BEFORE SANITIZING IS ABLE TO OCCUR AND TO RERUN THE DISHWASHER, ENSURING FINAL SANITIZING, IF THE CYCLE IS INTERRUPTED OR IF SANITIZING FAILS FOR ANY OTHER REASON.
*Comply By: 7/6/2026 Originally Issued On: 7/6/2026*

**New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control**
6-501.11 *Priority Level: Priority 3 CFP#: 55*
*MN Rule 4626.1515* Maintain the physical facilities in good repair.
COMMENT: LAMINATE COUNTERTOP MISSING AND DAMAGED IN AREAS DUE TO HOT POTS/PANS BEING PLACED ONTO SURFACE WHILE STILL HOT. LAMINATE ON CABINET SURFACES WORN OFF IN AREAS. OPERATOR INSTRUCTED TO REPAIR OR REPLACE.
*Comply By: 2/2/2027 Originally Issued On: 7/6/2026*

**New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control**
6-501.19 *Priority Level: Priority 3 CFP#: 53*
*MN Rule 4626.1555* Keep the toilet room doors closed except during cleaning and maintenance operations.
COMMENT: TOILET ROOM DOOR PROPPED OPEN. OPERATOR INSTRUCTED TO KEEP DOOR CLOSED WHEN THE TOILET ROOM IS NOT BEING CLEANED OR MAINTAINED.
*Comply By: 7/6/2026 Originally Issued On: 7/6/2026*

# Food & Beverage General Comment

Food and beverage inspection conducted as part of HRD survey of ALF.

Surveyor: Safia Hassan, BSN, RN, PHN Nurse Evaluator

Establishment residential in nature with laminate countertops, laminate floor, popcorn ceiling, wood/composite wood drawers and cabinet with laminate coating in areas, smooth painted walls. High heat dishwasher used to sanitize equipment and utensils.

Foodborne illness risk factors and prevention reviewed with operator and staff. Inspection findings communicated to operator and surveyor. Establishment's CFPM also functions as CFPM at 2 other establishments within 60-mile radius. CFPM instructed to only function as CFPM for 2 establishments and to ensure 3rd establishment employs a CFPM.

*144G.41(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;*

**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 F1029261207 from 7/6/2026**

Trevor McCliment

JOY MORABU
PERSON IN CHARGE

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957
trevor.mccliment@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

Joy Care Homes LLC
Champlin
County/Group: Hennepin County

## Inspection Info

Report Number: F1029261207
Inspection Type: Full
Date: 7/6/2026
Time: 11:56:26 AM

**New Record: Product/Item/Unit:** MILK**; Temperature Process:** Cold-Holding
**Location:** FRIDGE at 46 Degrees F.
Comment:
*Violation Issued?: Yes*

**New Record: Product/Item/Unit:** BRATS**; Temperature Process:** Cold-Holding
**Location:** FRIDGE at 45 Degrees F.
Comment:
*Violation Issued?: Yes*

**New Record: Product/Item/Unit:** SLICED TURKEY**; Temperature Process:** Cold-Holding
**Location:** FRIDGE at 45 Degrees F.
Comment:
*Violation Issued?: Yes*

**New Record: Product/Item/Unit:** BUTTER**; Temperature Process:** Cold-Holding
**Location:** FRIDGE at 50 Degrees F.
Comment:
*Violation Issued?: Yes*

**New Record: Product/Item/Unit:** SOUR CREAM**; Temperature Process:** Cold-Holding
**Location:** FRIDGE at 52 Degrees F.
Comment:
*Violation Issued?: Yes*

**New Record: Product/Item/Unit:** YOGURT**; Temperature Process:** Cold-Holding
**Location:** FRIDGE at 41 Degrees F.
Comment:
*Violation Issued?: No*

**New Record: Product/Item/Unit:** SHELL EGGS**; Temperature Process:** Cold-Holding
**Location:** FRIDGE at 46 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

Joy Care Homes LLC
Champlin
County/Group: Hennepin County

## Inspection Info

Report Number: F1029261207
Inspection Type: Full
Date: 7/6/2026
Time: 11:56:26 AM

**Sanitizing Equipment:** **Product:** Hot Water**; Sanitizing Process:** Dish Machine
**Location:** Kitchen **Greater Than** 150 Degrees F.
Comment:
*Violation Issued?: No*

DEPARTMENT OF HEALTH

# Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

| | |
|---|---|
| **Project No:** SL34397016-0 | **Date:** 7/7/2026 |
| **Facility Name:** JOY CARE HOMES LLC | |
| **Facility Address:** 11900 QUEBEC CIRCLE, CHAMPLIN, MN 55316 | |

☒ **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. Clothes dryers and their exhaust systems shall be cleaned as necessary to keep lint traps, exhaust ducts, and mechanical and heating components free from excessive lint accumulation. [Minn. Stat. 144G.45 subd. 2; MSFC 304.4]

   *Comments: The dryer vent was detached at the dryer connection. A large amount of lint was observed around the disconnected dryer vent.*

☒ **TAG IDENTIFICATION: 0780**

**SCOPE/ SEVERITY:** Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Smoke alarms shall be interconnected so that actuation of one alarm causes all alarms in the individual dwelling or sleeping unit to operate where more than one smoke alarm is required within an individual dwelling or sleeping unit. [Minn. Stat. 144G.45 subd.2]

   *Comments: Two separate smoke alarm systems were installed, a hardwired system and a battery-powered system. Each separate system was not interconnected with all other smoke alarms in the facility. The hardwired smoke alarms are required to be maintained as installed previously and interconnected to additional battery-operated alarms.*

DEPARTMENT OF HEALTH

☒ **TAG IDENTIFICATION: 0810**

**SCOPE/ SEVERITY:** Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

   *Comments: The FSEP failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The provided FSEP was from a third-party provider and had not been updated to the specific facility.*