Electronically Delivered

February 18, 2026

Licensee
Destiny Homecare Services Inc
9318 Chicago Avenue South
Bloomington, MN 55420

RE: Project Number(s) SL39459016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 23, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted no 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 - 0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00

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

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

The correction order documentation should include the following:

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

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

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

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

factor.

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. 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,

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
	39459	A. BUILDING: _____ B. WING _____	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESTINY HOMECARE SERVICES INC	9318 CHICAGO AVENUE SOUTH BLOOMINGTON, MN 55420

(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: SL39459016 On January 20, 2026, through January 23, 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 3 residents receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for	0 470		

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0 470	Continued From page 1 determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) reviewed the staffing plan at least twice per year. This had the potential to affect all 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	0 470		

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0 470	Continued From page 2 cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee held an assisted living license and was licensed for a capacity of four residents, with a current census of four residents. During the entrance conference on January 20, 2026, at 11:14 a.m., RN-A stated the licensee was familiar with current minimum assisted living requirements. The licensee's Direct Care Staffing Plan dated January 8, 2024, indicated a previous staff member that no longer worked for the licensee had developed and implemented the written staffing plan. The staffing plan lacked documentation it had been reviewed at least twice per year. On January 20, 2026, at 12:12 p.m., RN-A stated the employee that developed the staffing plan was not an RN. RN-A also stated they had not reviewed the staffing plan at least twice per year. RN-A stated she was not aware of this requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 470		
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 3 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (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; (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; (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; (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; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A,	0 480		

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0 480	Continued From page 4 existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (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 (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated January 21, 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 5 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
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, nad record review, the licensee failed to ensure infection control standards were followed for one of one unlicensed personnel ((ULP)-B) providing food preparation for resident meals. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).	0 510		

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0 510	Continued From page 6 The findings include: During a tour of licensee's facility on January 20, 2026, at 12:05 p.m., ULP-B was in the kitchen and was speaking with another staff member. ULP-B was in the process of preparing lunch for the licensee's residents. ULP-B had removed a package of frozen ground beef from the kitchen freezer using gloved hands. ULP-B proceeded to open a microwave door while wearing gloves. ULP-B placed the ground beef package into the microwave, closed the microwave door, and entered a time on the microwave panel to heat the ground beef. ULP-B then obtained a saucepan from the cupboard, closed the cupboard door, placed the saucepan on the kitchen stove, and obtained the package of ground beef from the microwave where it was placed. ULP-B was wearing the same gloves during this time. ULP-B removed the ground beef using the gloves that had been previously applied and placed the ground beef into their left hand. ULP-B then placed the ground beef into the saucepan and disposed of the plastic bag that held the ground beef into the garbage container. ULP-B began to prepare the ground beef using the same gloves they had originally applied to both hands. During this time, ULP-B conversed with another employee that was in the kitchen with ULP-B. During interview on January 26, 2026, at 12:50 p.m., registered nurse (RN)-A stated all staff were educated on hand washing and glove use during orientation and annually. RN-A stated ULP-B would need to be re-educated. The licensee's undated infection control policy indicated it would be essential that personal protective equipment (PPE) be worn when	0 510		

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0 510	Continued From page 7 appropriate and that it is to be removed and disposed of correctly. The policy also indicated that the PPE must not contaminate the employee or the environment. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) Days	0 510		
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by:	0 650		

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0 650	Continued From page 8 Based on interview and record review, the licensee failed to ensure the employee record contained the required content for one of one employee (registered nurse (RN)-A). 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: RN-A had a hire date of February 9, 2024. RN-A's employee record lacked the following: -orientation topics -infection control training topics -annual performance reviews RN-A's record showed a generic certificate dated February 29, 2024. The certificate stated RN-A completed orientation but did not indicate what licensee the orientation was completed for or what topics were included in the orientation training. RN-A's employee record showed a certificate of completion for infection control training dated May 26, 2025, which indicated the infection control training was specific to New York State and did not indicate what licensee the infection control training was completed for or what topics were included in the infection control training. On January 20, 2026, at 1:12 p.m., RN-A stated	0 650		

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0 650	Continued From page 9 she believed there was a record of orientation and infection control training. RN-A stated she would need to look for the paperwork. RN-A stated she was not sure if she had any annual performance reviews completed since she began working for the licensee. The licensee's undated Orientation of Staff and Supervisors policy indicated evidence of the completion of required orientation topics must be kept in the employee record of each staff person having completed the orientation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must	0 680		

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0 680	Continued From page 10 make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to complete a written emergency disaster plan with all required content and failed to post the emergency plan prominently. This had the potential to affect all current residents receiving services under the assisted living license, staff, and visitors to the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On January 20, 2026, at 11:15 a.m., during the facility tour, the surveyor observed the emergency disaster plan was not posted. The licensee's undated plan lacked evidence of the following required content: - a comprehensive program to include infectious diseases and pandemics; - a description of the population served by the	0 680		

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0 680	Continued From page 11 licensee; - process for emergency preparedness (EP) cooperation with state and local EP officials/organizations; - procedure for tracking staff and residents; - subsistence needs for staff and residents during emergency situation; - development of policies/procedures to address: - evacuation plan (not customized for the facility); - fire (not customized for the facility); - shelter in place; - a tracking system used to document locations or residents and staff; - the medical record documentation system to preserve resident information; - emergency staff strategies; - the facilities role in providing care and treatment at alternative sites; - a communication plan that included: - arrangement with other facilities ; - names and contact information for staff, resident physicians, other facilities; - contact information for federal, state, tribal, local EP staff, ombudsman; - primary and alternative means for communicating with facility staff, federal, state, regional and local emergency management agencies; - a method of sharing information and medical documentation for residents; - a means to provide information regarding the facility's needs, and its ability to provide assistance to include information about their occupancy; -a method of sharing information from the emergency plan with residents and their families; - EP training and testing program; - EP training program for staff (including documentation of training provided); and	0 680		

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	39459	A. BUILDING: _____ B. WING _____	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESTINY HOMECARE SERVICES INC	9318 CHICAGO AVENUE SOUTH BLOOMINGTON, MN 55420

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0 680	Continued From page 12 - EP testing/annual testing requirements. On January 20, 2026, at 2:00 p.m., registered nurse (RN)-A acknowledged the licensee was missing required content in the emergency disaster plan and stated she believed clincial nurse specialist (CNS)-C was responsible for developing the emergency preparedness plan. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
01320 SS=D	144G.60 Subd. 4 (a) Unlicensed personnel (a) Unlicensed personnel providing assisted living services must have: (1) successfully completed a training and competency evaluation appropriate to the services provided by the facility and the topics listed in section 144G.61, subdivision 2, paragraph (a); or (2) demonstrated competency by satisfactorily completing a written or oral test on the tasks the unlicensed personnel will perform and on the topics listed in section 144G.61, subdivision 2, paragraph (a); and successfully demonstrated competency on topics in section 144G.61, subdivision 2, paragraph (a), clauses (5), (7), and (8), by a practical skills test. Unlicensed personnel who only provide assisted living services listed in section 144G.08, subdivision 9, clauses (1) to (5), shall not perform delegated nursing or therapy tasks. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	01320		

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01320	Continued From page 13 review, the licensee failed to ensure all required competency evaluations were completed and documented for one unlicensed personnel ((ULP)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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: ULP-B was hired on January 14, 2025. On January 20, 2026, at 12:21 p.m., the surveyor observed ULP-B was the only staff member at the facility to provide direct care to residents. ULP-B's record lacked evidence ULP-B had completed competency evaluations in the following areas: - appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting On January 13, 2026, at 10:53 a.m., registered nurse (RN)-A confirmed ULP-B did not have any competency evaluations completed for personal hygiene, including care of hearing aids. RN-A stated she believed ULP-B did have competency evaluations completed but did not know why	01320		

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01320	Continued From page 14 ULP-B's employee record did not have documentation showing ULP-B was competency evaluated. The licensee's undated Staff Training and Competency policy indicated training of ULPs in appropriate and safe techniques in personal hygiene, including care of hearing aids would be conducted during delegated task training. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01320		
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 paragraph (b), clauses (6) to (8), within 160	01530		

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01530	Continued From page 15 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 interview and record review, the licensee failed to ensure employees completed dementia care training (at least eight hours within 160 working hours of the employment start date) for one of two employees (unlicensed personnel (ULP)-B), and two hours of initial training on mental illness and de-escalation topics for two of two employees (registered nurse (RN)-A, unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the	01530		

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01530	Continued From page 16 situation has occurred repeatedly; but is not found to be pervasive). The findings include: RN-A RN-A was hired on February 9, 2024, and provided direct nursing care and services to residents. RN-A's online training transcript indicated RN-A completed 1.0 hours of mental health training on June 26, 2025. RN-A's employee record lacked documentation they completed the required two hours of initial training on mental illness and de-escalation topics, effective July 1, 2025. ULP-B ULP-B was hired on January 14, 2025, and provided direct care and services to residents. ULP-B's employee record lacked evidence of the required eight (8) hours of initial dementia training and the required two hours (2) of initial training was completed on mental illness and de-escalation topics, effective July 1, 2025. On January 20, 2026, at 1:50 p.m., RN-A confirmed both RN-A and ULP-B lacked two hours of training on mental illness and de-escalation topics and ULP-B lacked eight hours of dementia training.. RN-A stated she was not aware of the requirement of mental health training until recently and had begun the process of getting the education but had not completed it at the time. RN-A stated the licensee had not assigned all the required courses to the employees in the online education training	01530		

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01530	Continued From page 17 program but had planned to get them assigned. The licensee's dementia and mental illness training policy was requested but not received. 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

Destiny Home Care Services
9318 Chicago Avenue South
Bloomington, MN 55420
Hennepin County
Parcel:

Phone:

License Info

License: HFID 39396

Risk:
License:
Expires on:
CFPM: Ceciliah Mwebi
CFPM #: 62634; Exp: 10/18/2028

Inspection Info

Report Number: F7963261016
Inspection Type: Full - Single
Date: 1/20/2026 Time: 9:24:47 AM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 4
Total Priority 2 Orders: 1
Total Priority 3 Orders: 2
Delivery: Emailed

New Order: 2-100 Supervision
2-102.12DMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033D Post the certified food protection manager certificate.
COMMENT: CERTIFIED FOOD MANAGER CERTIFICATE WAS NOT POSTED ON SITE.
Comply By: 1/20/2026 Originally Issued On: 1/20/2026

! **New Order: 2-200 Employee Health**
2-201.11C *Priority Level: Priority 1 CFP#: 3*
MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.
COMMENT: NO EMPLOYEE ILLNESS LOG AVAILABLE FOR REVIEW. BLANK COPY LEFT ON SITE.
Comply By: 1/20/2026 Originally Issued On: 1/20/2026

New Order: 2-500 Cleanup of Vomiting and Diarrheal Events
2-501.11 *Priority Level: Priority 2 CFP#: 5*
MN Rule 4626.0123 Provide employees with procedures to follow for cleanup of vomit or fecal matter in the establishment. The procedures must minimize the spread of contamination to food and surfaces within the facility, and minimize the exposure of employees and consumers to contamination.
COMMENT: ESTABLISHMENT DOES NOT HAVE A POLICY FOR THE PROPER CLEAN UP OF A VOMIT/FECAL EVENT. FACT SHEET LEFT ON SITE.
Comply By: 1/20/2026 Originally Issued On: 1/20/2026

! **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: REPEAT VIOLATION FROM 12/11/23- OBSERVED CARTONS OF EGGS STORED ON A SHELF ABOVE RTE FOODS. ADVISED TO MOVE EGGS TO BOTTOM SHELF OR STORE IN A CONTAINER.

Comply By: 1/20/2026 Originally Issued On: 1/20/2026

! **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: MULTIPLE FOOD ITEMS FOUND ABOVE 41 DEG F IN BOTH BASEMENT AND MAIN REFRIGERATOR (SEE DATA ON REPORT). BOTH REFRIGERATORS ADJUSTED ON SITE.
Comply By: 1/20/2026 Originally Issued On: 1/20/2026

New Order: 4-500 Equipment Maintenance and Operation
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT: BOTH MAIN AND BASEMENT REFRIGERATORS RUNNING WARMER THAN 41 DEG F. ADJUST, REPAIR OR REMOVE.
Comply By: 1/20/2026 Originally Issued On: 1/20/2026

! **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: RESIDENTIAL KITCHEN DOES NOT HAVE EITHER A THREE COMPARTMENT SINK OR A DISHWASHER TO SANITIZE DISHES AND UTENSILS. CURRENTLY USING A SEPARATE TUB WITH A SANITIZER SOLUTION IN IT AS AN ALTERNATIVE. THIS IS NOT A LONG TERM SOLUTION. CONTACT INSPECTOR TO DISCUSS OPTIONS.
Comply By: 1/20/2026 Originally Issued On: 1/20/2026

Food & Beverage General Comment

MET WITH ESTABLISHMENT REPRESENTATIVES EDWARD MARSHALL AND ABEL AIKA ALONG WITH MDH NURSE SURVEYOR ELYSE JONES. DISCUSSED THE FOLLOWING-

-EMPLOYEE ILLNESS POLICY AND LOG
-REPORTABLE DISEASES
-HIGHLY SUSCEPTIBLE POPULATION RESTRICTIONS
-VOMIT/FECAL CLEAN UP PROCEDURES
-COLD HOLDING OF FOODS
-SAME DAY FOOD SERVICE

KITCHEN HAS CERAMIC FLOORING, PAINTED CEILING, WOOD CABINETS AND LAMINATE COUNTERTOPS.

CURRENTLY THERE IS NO DISHWASHER OR THREE COMPARTMENT SINK FOR PROPER WASHING, RINSING AND SANITIZING DISHES AND UTENSILS.

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 F7963261016 from 1/20/2026

Edward Marshall
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

Establishment Info

Destiny Home Care Services
Bloomington
County/Group: Hennepin County

Inspection Info

Report Number: F7963261016
Inspection Type: Full
Date: 1/20/2026
Time: 9:24:47 AM

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:**
Location: MAIN REFRIGERATOR at 44 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CUT LETTUCE**; Temperature Process:**
Location: MAIN REFRIGERATOR at 45 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CHICKEN WINGS**; Temperature Process:**
Location: MAIN REFRIGERATOR at 44 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:**
Location: BASEMENT REFRIGERATOR at 44 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

Destiny Home Care Services
Bloomington
County/Group: Hennepin County

Inspection Info

Report Number: F7963261016
Inspection Type: Full
Date: 1/20/2026
Time: 9:24:47 AM

Sanitizing Chemical: Product: Quaternary Ammonia**; Sanitizing Process:**
Location: COUNTERTOP BASIN **Equal To** 200 PPM
Comment:
Violation Issued?: No