



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

Electronically Delivered

September 25, 2026

Licensee

Caring Home Health Inc  
2536 28th Avenue South  
Minneapolis, MN 55406

RE: Project Number(s) SL35607016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 10, 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.

#### **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 - \$1,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. 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,

A handwritten signature in cursive script that reads "Renee L. Anderson".

Renee L. Anderson, Supervisor

State Evaluation Team

Email: [Renee.L.Anderson@state.mn.us](mailto:Renee.L.Anderson@state.mn.us)

Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>35607                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | (X3) DATE SURVEY COMPLETED<br><br>09/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CARING HOME HEALTH INC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2536 28TH AVENUE SOUTH<br>MINNEAPOLIS, MN 55406 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |
| (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                                                      | Initial Comments<br><br>*****ATTENTION*****<br><br>ASSISTED LIVING PROVIDER LICENSING<br>CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section<br>144G.08 to 144G.95, these correction orders are<br>issued pursuant to a survey.<br><br>Determination of whether violations are corrected<br>requires compliance with all requirements<br>provided at the Statute number indicated below.<br>When Minnesota Statute contains several items,<br>failure to comply with any of the items will be<br>considered lack of compliance.<br><br>INITIAL COMMENTS:<br>SL35607016-0<br><br>On September 8, 2026, through September 10,<br>2026, the Minnesota Department of Health<br>conducted a survey at the above provider, and<br>the following correction orders are issued. At the<br>time of the survey, there were 3 residents, all of<br>whom were receiving services under the<br>provider's Assisted Living Facility license. | 0 000                                                                                    | Minnesota Department of Health is<br>documenting the State Licensing<br>Correction Orders using federal software.<br>Tag numbers have been assigned to<br>Minnesota State Statutes for Assisted<br>Living License Providers. The assigned<br>tag number appears in the far left column<br>entitled "ID Prefix Tag." The state Statute<br>number and the corresponding text of the<br>state Statute out of compliance is listed in<br>the "Summary Statement of Deficiencies"<br>column. This column also includes the<br>findings which are in violation of the state<br>requirement after the statement, "This<br>Minnesota requirement is not met as<br>evidenced by." Following the surveyors'<br>findings is the Time Period for Correction.<br><br>PLEASE DISREGARD THE HEADING OF<br>THE FOURTH COLUMN WHICH<br>STATES,"PROVIDER'S PLAN OF<br>CORRECTION." THIS APPLIES TO<br>FEDERAL DEFICIENCIES ONLY. THIS<br>WILL APPEAR ON EACH PAGE.<br><br>THERE IS NO REQUIREMENT TO<br>SUBMIT A PLAN OF CORRECTION FOR<br>VIOLATIONS OF MINNESOTA STATE<br>STATUTES. The letter in the left column is<br>used for tracking purposes and reflects<br>the scope and level pursuant to 144G.31<br>Subd. 1, 2 and 3. |  |                                              |
| 0 775<br>SS=G                                              | 144G.45 Subd. 2. (a) Fire protection and physical<br>environment<br><br>Each assisted living facility must comply with the<br>State Fire Code in Minnesota Rules, chapter<br>7511, and:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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>CARING HOME HEALTH INC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2536 28TH AVENUE SOUTH<br>MINNEAPOLIS, MN 55406                                 |                          |                                              |
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| 0 775                                                      | Continued From page 1<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 three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated September 9, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days. | 0 775                                                           |                                                                                                                          |                          |                                              |
| 0 800<br>SS=F                                              | 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 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 800                                                           |                                                                                                                          |                          |                                              |

Minnesota Department of Health

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| 0 800                                                             | Continued From page 2<br><br><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 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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated September 9, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 800                                                                                            |                                                                                                                          |  |                                                        |
| 01880<br>SS=F                                                     | 144G.71 Subd. 19 Storage of medications<br><br>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01880                                                                                            |                                                                                                                          |  |                                                        |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARING HOME HEALTH INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2536 28TH AVENUE SOUTH<br/>MINNEAPOLIS, MN 55406</b> |                                                                                                                          |  |                                                     |
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| 01880                                                             | <p>Continued From page 3</p> <p>permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure medications were securely locked and ensure only authorized personnel had access to medications. This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and 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).</p> <p>The findings include:</p> <p>On September 8, 2026, at 1:40 p.m., during a facility tour with owner (O)-A the surveyor observed room four (an unoccupied room in the basement of the licensee's facility). The door to the room was unlocked. The surveyor observed a bed and a nightstand in the room. On the nightstand there were 6 prescription bottles with R5's name on them. O-A stated R5 had not been admitted yet but was to be admitted later in the week and had been moving in some of their things early.</p> <p>On September 9, 2026, at 2:07 p.m., clinical nurse supervisor (CNS)-F stated R5 would be admitted on September 11, 2026. CNS-F further stated they did not realize a potential resident could not leave medications unattended in the room they had planned for them.</p> | 01880                                                                                            |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARING HOME HEALTH INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2536 28TH AVENUE SOUTH<br/>MINNEAPOLIS, MN 55406</b>                         |  |                                                     |
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| 01880                                                             | <p>Continued From page 4</p> <p>The licensee's Storage/Control of Medications policy, dated August 1, 2021, indicated medications managed outside the resident's private living space would be securely locked and only authorized personnel would have access to the medications. The policy lacked an indication only authorized personnel had access to medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01880                                                                  |                                                                                                                          |  |                                                     |



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

CARING HOME HEALTH INC  
2536 28TH AVENUE SOUTH  
Minneapolis, MN 55406  
Hennepin County  
Parcel:  
  
Phone:

### License Info

License: HFID 35607  
  
Risk:  
License:  
Expires on:  
CFPM: Abdukadir M. Nor  
CFPM #: 107981; Exp: 08/02/2027

### Inspection Info

Report Number: F1013261062  
Inspection Type: Full - Single  
Date: 9/8/2026 Time: 01:00 pm  
Duration: minutes  
Announced Inspection:  
**Total Priority 1 Orders: 0**  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 0  
Delivery:

No orders were issued for this inspection report.

## Food & Beverage General Comment

The inspection was completed with the operator then reviewed with MDH Nurse Evaluator T. Carlson.

The establishment has a residential kitchen and serves food prepared on the same day. The kitchen has laminate cabinets, vinyl plank floor, tile walls, laminate counter top, and a smooth ceiling.

A two basin sink is located in the kitchen. A separate designated hand washing sink is located in the pantry next to the kitchen.

Residential dish machine is available to wash ware. The dish machine should be run on the sanitize/high temperature cycle.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, food source, cleaning, serving highly susceptible populations, food storage, and food handling procedures.

**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 F1013261062 from 9/8/2026**

*Jerry Malloy*

Abdukadir Nor  
Operator

Jerry Malloy,  
Public Health Sanitarian Supervisor  
651-201-3998  
jerry.malloy@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

CARING HOME HEALTH INC  
Minneapolis  
County/Group: Hennepin County

### Inspection Info

Report Number: F1013261062  
Inspection Type: Full  
Date: 9/8/2026  
Time: 01:00 pm

**Food Temperature:** **Product/Item/Unit:** Chicken; **Temperature Process:** Cold-Holding

**Location:** Small freezer at 12 Degrees F.

Comment:

*Violation Issued?: No*

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

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

Comment:

*Violation Issued?: No*

**Food Temperature:** **Product/Item/Unit:** Eggs; **Temperature Process:** Cold-Holding

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

Comment:

*Violation Issued?: No*

**Food Temperature:** **Product/Item/Unit:** Fries; **Temperature Process:** Cold-Holding

**Location:** Freezer at 18 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature:** **Product/Item/Unit:** Chicken; **Temperature Process:** Cooking

**Location:** Stove at 206 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            |
|-------------------------------|----------------------------|
| CARING HOME HEALTH INC        | Report Number: F1013261062 |
| Minneapolis                   | Inspection Type: Full      |
| County/Group: Hennepin County | Date: 9/8/2026             |
|                               | Time: 01:00 pm             |

**Sanitizing Equipment:** Product: Hot Water; **Sanitizing Process:** Dish Machine

**Location:** Kitchen **Equal To** 180 Degrees F.

Comment:

*Violation Issued?: No*

## Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

|                                                                |                                |
|----------------------------------------------------------------|--------------------------------|
| <b>Project No:</b> SL35607016-0                                | <b>Date:</b> September 9, 2026 |
| <b>Facility Name:</b> CARING HOME HEALTH INC                   |                                |
| <b>Facility Address:</b> 2536 28TH AVE S, MINNEAPOLIS MN 55406 |                                |

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☒ **TAG IDENTIFICATION: 0775**

**SCOPE/ SEVERITY:** Level 3; Isolated

**TIME PERIOD OF CORRECTION:** Two (2) 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. Smoking shall be prohibited where conditions are such as to make smoking a hazard, and in spaces where flammable or combustible materials are stored or handled. [Minn. Stat. 144G.45 subd. 2; MSFC 310.2]

*Comments: On the windowsill, in resident room two there were several burn markings.*

3. Where smoking is permitted, suitable noncombustible ash trays or match receivers shall be provided on each table and at other appropriate locations. [Minn. Stat. 144G.45 subd. 2; MSFC 310.6]

*Comments: Outside of resident room two there were several cigarette butts on the ground.*

---

☒ **TAG IDENTIFICATION: 0800**

**SCOPE/ SEVERITY:** Level 2; Widespread

**TIME PERIOD OF CORRECTION:** Seven (7) 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: In resident room three, the ceiling fan was not properly mounted to the ceiling.*

*In resident room three bathroom, there was a gap between the wall and the shower head.*

*In the basement several ceiling tiles were stained, warped or missing.*