Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 29, 2026

Licensee
Assurant Care Homes LLC
7449 Louisiana Avenue North
Brooklyn Park, MN 55428

RE: Project Number(s) SL37582016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 14, 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.

The enclosed State Form documents no violations. MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37582	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSURANT CARE HOMES LLC	7449 LOUISIANA AVENUE NORTH BROOKLYN PARK, MN 55428

(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 INITIAL COMMENTS: SL37582016-0 On July 13, 2026, through July 14, 2026, the Minnesota Department of Health conducted a survey at the above provider. At the time of the survey, there were two (2) residents; two receiving services under the Assisted Living license. As a result of the survey, the licensee was found to be in substantial compliance with Assisted Living statutes 144G.08 through 144G.95.	0 000		

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

ASSURANT CARE HOMES LLC
7449 Louisiana Ave N
Brooklyn Park, MN
Hennepin County
Parcel:

Phone:

License Info

License: HFID 37582

Risk:
License:
Expires on:
CFPM: Zablon N. Obwaya
CFPM #: 60306; Exp: 07/02/2028

Inspection Info

Report Number: F1021261193
Inspection Type: Full - Single
Date: 7/14/2026 Time: 1:11:46 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

All findings on this report were discussed with Food Manager, Zablon Obwaya and Health Regulation Division Nurse Evaluator, Safia Hassan.

This facility is a residential home. They currently have 2 clients and the facility can accommodate up to 5 clients.

Food is for same day service. Leftovers are discarded at the end of service.

A two basin sink is located in the kitchen. One basin is designated for hand washing.

A temperature indicator was available on site to verify that the dishwasher reaches a utensil surface temperature of at least 160F. Staff will send the inspector a photo of the temperature indicator to confirm that the dishwasher is properly sanitizing.

The kitchen has residential equipment, vinyl floor, laminate countertops, textured ceiling and painted drywall. Physical facility items will be monitored during future inspections.

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 F1021261193 from 7/14/2026

Melissa Ramos

Zablon Obwaya
Food Manager

Melissa Ramos,
Public Health Sanitarian 3
651-201-4495
melissa.ramos@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

ASSURANT CARE HOMES LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1021261193
Inspection Type: Full
Date: 7/14/2026
Time: 1:11:46 PM

Food Temperature: Product/Item/Unit: Milk **; Temperature Process:** Cold-Holding
Location: Kenmore Refrigerator at 39 Degrees F.
Comment:
Violation Issued?: No

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

Equipment Temperature: Product/Item/Unit: Kenmore Refrigerator **; Temperature Process:** Ambient Air
Location: Kitchen at 35 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Whirlpool Refrigerator **; Temperature Process:** Ambient Air
Location: Kitchen at 40 Degrees F.
Comment:
Violation Issued?: No