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

Electronically Delivered

June 18, 2026

Licensee
Forthright Home Care LLC
6818 Toledo Ave North
Brooklyn Center, MN  55429

RE:  Project Number(s) SL41940001

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on May 13, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health 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. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

**DOCUMENTATION OF ACTION TO COMPLY**
Per 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 residents/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 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 the Department of Health 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**

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

JMD

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 41940 | A. BUILDING: _____ B. WING _____ | 05/13/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FORTHRIGHT HOME CARE LLC | 6818 TOLEDO AVE N BROOKLYN CENTER, MN 55429 |

| (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>SL41940001-0<br><br>On May 11, 2026, through May 13, 2026, the Minnesota Department of Health conducted a full provisional survey at the above provider and the following correction orders are issued. At the time of the survey, there were no (0) residents receiving services under the Provisional 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. | |
| 0 660 SS=D | 144G.42 Subd. 9 Tuberculosis prevention and control | 0 660 | | |

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| 0 660 | Continued From page 1<br>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.<br>(b) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure screenings for active TB (either a two-step tuberculin skin test (TST) or blood test) were completed and documented for one of two employees (unlicensed personnel (ULP)-A).<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 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>ULP-A was hired on March 23, 2026. | 0 660 | | |

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| 0 660 | Continued From page 2<br><br>ULP-A's QuantiFERON(R) - TB Gold (a lab drawn blood test for TB) negative lab test was drawn on March 19, 2025, with the results reported on March 21, 2025.<br><br>ULP-A's Baseline TB Screening Tool for Healthcare Workers (HCWs) dated March 19, 2026, lacked answers to the screening questions and lacked documentation of the testing for the presence of TB.<br><br>On May 11, 2026, at 11:00 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated the licensee had provided the Baseline TB Screening Tool for Healthcare Workers (HCWs) form to ULP-A to complete and place their record. CNS/LALD-C stated ULP-A did not answer the questions and placed the screening in their record. CNS/LALD-C stated ULP-A provided the TB Gold lab results from the year prior and did not obtain a new TB Gold test upon hire.<br><br>The licensee's 8.16 Tuberculosis Screening dated January 5, 2026, indicated all new hire staff would complete the TB worksheet for HCWs and have the results of a recent blood test or completed Mantoux maintained in each employee's record.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 660 | | |
| 0 810 SS=C | 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 | 0 810 | | |

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| 0 810 | Continued From page 3<br>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 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. | 0 810 | | |

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| 0 810 | Continued From page 4<br><br>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated May 13, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Twenty One (21) Days | 0 810 | | |
| 01320 SS=F | 144G.60 Subd. 4 (a) Unlicensed personnel<br><br>(a) Unlicensed personnel providing assisted living services must have:<br>(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<br>(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.<br>Unlicensed personnel who only provide assisted living services listed in section 144G.08, subdivision 9, clauses (1) to (5), shall not perform | 01320 | | |

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| 01320 | Continued From page 5<br>delegated nursing or therapy tasks.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure training and competency evaluations included all the required training for one of two unlicensed personnel (ULP)-B.<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>ULP-B was hired on March 27, 2026.<br><br>ULP-B's undated My Transcript - [ULP-B's name] indicated ULP-B completed the online training for the required topics.<br><br>ULP-B's record lacked evidence that ULP-B received the required competency evaluations for the online training ULP-B completed for the following required content:<br>(1) documentation requirements for all services provided;<br>(2) reports of changes in the resident's condition to the supervisor designated by the facility;<br>(3) basic infection control, including blood-borne pathogens;<br>(4) maintenance of a clean and safe environment;<br>(5) appropriate and safe techniques in personal hygiene and grooming, including: | 01320 | | |

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| 01320 | Continued From page 6<br><br>(i) hair care and bathing;<br>(ii) care of teeth, gums, and oral prosthetic devices;<br>(iii) care and use of hearing aids; and<br>(iv) dressing and assisting with toileting;<br>(6) training on the prevention of falls;<br>(7) standby assistance techniques and how to perform them;<br>(8) medication, exercise, and treatment reminders;<br>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br>(10) preparation of modified diets as ordered by a licensed health professional;<br>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;<br>(12) awareness of confidentiality and privacy; and<br>(13) understanding appropriate boundaries between staff and residents and the resident's family.<br><br>(14) procedures to use in handling various emergency situations; and<br><br>(15) awareness of commonly used health technology equipment and assistive devices.<br><br>On May 11, 2026, at 11:15 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated the licensee believed the online trainings covered the required content, but the licensee did not complete competency evaluations for ULP-B. CNS/LALD-C stated ULP-B had completed the trainings before a resident was admitted and the licensee did not return to ensure the competency evaluations were completed. CNS/LALD-C provided a blank template titled Training and Competency | 01320 | | |

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| 01320 | Continued From page 7<br><br>Evaluations for Unlicensed Personnel and stated had the licensee completed the competency testing, the form would have been completed and included in ULP-B's record.<br><br>The licensee's 5.02 Competency Training Evaluations policy dated January 5, 2026, indicated the licensee would complete training and competency evaluations for all employees and include evidence in each employee's record.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01320 | | |
| 01330 SS=F | 144G.60 Subd. 4 (b) Unlicensed personnel<br><br>(b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must:<br>(1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform;<br>(2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or<br>(3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner.<br><br>This MN Requirement is not met as evidenced | 01330 | | |

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| 01330 | Continued From page 8<br><br>by:<br>Based on interview and record review, the licensee failed to ensure training and competency evaluations included all the required training for one of two unlicensed personnel (ULP)-B.<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>ULP-B was hired on March 27, 2026.<br><br>ULP-B's undated My Transcript - [ULP-B's name] indicated ULP-B completed the online training for the required topics.<br><br>ULP-B's record lacked evidence that ULP-B received the required competency evaluations for the online training ULP-B completed for the following required content:<br>(1) observing, reporting, and documenting resident status;<br>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;<br>(3) reading and recording temperature, pulse, and respirations of the resident;<br>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;<br>(5) safe transfer techniques and ambulation;<br>(6) range of motioning and positioning; and | 01330 | | |

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| 01330 | Continued From page 9<br><br>(7) administering medications or treatments as required.<br><br>On May 11, 2026, at 11:15 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated the licensee believed the online trainings covered the required content, but the licensee did not complete competency evaluations for ULP-B. CNS/LALD-C stated ULP-B had completed the trainings before a resident was admitted and the licensee did not return to ensure the competency evaluations were completed. CNS/LALD-C provided a blank template titled Training and Competency Evaluations for Unlicensed Personnel and stated had the licensee completed the competency testing, the form would have been completed and included in ULP-B's record.<br><br>The licensee's 5.02 Competency Training Evaluations policy dated January 5, 2026, indicated the licensee would complete training and competency evaluations for all employees and include evidence in each employee's record.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01330 | | |
| 01440 SS=F | 144G.62 Subd. 4 Supervision of staff providing delegated nurs<br><br>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being | 01440 | | |

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| 01440 | Continued From page 10<br><br>performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.<br>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted supervision within 30-days of delegating a task for two of two unlicensed personnel ((ULP)-A, ULP-B).<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>ULP-A was hired on March 23, 2026. | 01440 | | |

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|---|---|---|---|
| | 41940 | A. BUILDING: _____ B. WING _____ | 05/13/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FORTHRIGHT HOME CARE LLC | 6818 TOLEDO AVE N BROOKLYN CENTER, MN 55429 |

| (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 |
|---|---|---|---|---|
| 01440 | Continued From page 11<br><br>ULP-A's undated My Transcript - [ULP-A's name] indicated ULP-A was trained in the delegated task of medication administration.<br><br>ULP-B was hired on March 27, 2026.<br><br>ULP-B's undated My Transcript - [ULP-B's name] indicated ULP-B was trained in the delegated task of medication administration.<br><br>ULP-A and ULP-B's records lacked evidence that an RN conducted a delegated task supervision visit within 30 days of training and delegating the task of medication administration.<br><br>On May 11, 2026, at 11:15 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated the licensee did train ULP-A and ULP-B in delegated tasks, but the licensee did not complete a 30-day supervision of the delegated task by an RN. CNS/LALD-C stated that the licensee trained staff before the admission of a resident and the RN did not return to conduct the 30-day supervision visit after the resident was admitted.<br><br>The licensee's 5.02 Competency Training Evaluations policy dated January 5, 2026, indicated the licensee would complete training and competency evaluations for all employees and include evidence in each employee's record.<br><br>The licensee's 6.17 Supervision of Staff - Delegated Services policy dated January 5, 2026, indicated the licensee's RN would conduct a 30-day supervision after training staff a delegated task.<br><br>No further information was provided. | 01440 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 41940 | A. BUILDING: _____ B. WING _____ | 05/13/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FORTHRIGHT HOME CARE LLC | 6818 TOLEDO AVE N BROOKLYN CENTER, MN 55429 |

| (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 |
|---|---|---|---|---|
| 01440 | Continued From page 12<br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01440 | | |

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

Forthright Home Care LLC
6818 Toledo Ave N
Brooklyn Center, MN 55429
Hennepin County
Parcel:

Phone:

## License Info

License: HFID 41940

Risk:
License:
Expires on:
CFPM: Taiwo Akintade
CFPM #: 67224; Exp: 4/24/2029

## Inspection Info

Report Number: F8041261071
Inspection Type: Full - Single
Date: 5/12/2026 Time: 12:30 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

Inspection was completed with the food service manager, Taiwo Akintade. Brandon Mueller was the HRD nurse evaluator. There were no residents or food stored in the kitchen today.

Facility has a residential kitchen. Food must be prepared for same day service only. Kitchen has a smooth ceiling, vinyl flooring, and wood cabinets with a hollow base with a laminate countertop.

Establishment has a dish machine with a sani rinse cycle that achieved a utensil surface temperature of at least 160F.

There is a two basin sink in the kitchen with one basin designated for handwashing.

Discussed the following:
- Employee illness policy and logging requirements
- Reporting foodborne illness complaints to the health dept.
- Handwashing
- Date marking
-Glove-use and bare hand contact
- Proper food storage
-Vomit clean-up procedures
- Restrictions concerning serving a highly susceptible population
- CFPM requirement

**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 F8041261071 from 5/12/2026**

Taiwo Akintade
Food Manager

Sarah Conboy,
Public Health Sanitarian Supervisor
651-201-3984
sarah.conboy@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

Forthright Home Care LLC
Brooklyn Center
County/Group: Hennepin County

## Inspection Info

Report Number: F8041261071
Inspection Type: Full
Date: 5/12/2026
Time: 12:30 PM

**Equipment Temperature: Product/Item/Unit:** ambient air temp**; Temperature Process:** Ambient Air
**Location:** Maytag refrigerator at 41 Degrees F.
Comment:
*Violation Issued?: No*

DEPARTMENT OF HEALTH

# Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

| | |
|---|---|
| **Project No:** SL41940001-0 | **Date:** 5/13/2026 |
| **Facility Name:** FORTHRIGHT HOME CARE LLC | |
| **Facility Address:** 6818 TOLEDO AVE N BROOKLYN CENTER, MN 55429 | |

☒ **TAG IDENTIFICATION: 0810**

**SCOPE/ SEVERITY:** Level 1; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

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1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that are readily available at all times within the facility. [Minn. Stat. 144G.45 subd.2]

   *Comments: The individual sleeping room identification did not match the sleeping room identification shown on the posted evacuation floor plans.*