Electronically Delivered

January 12, 2026

Licensee
Caring Home Health Inc.
2529 17th Avenue South
Minneapolis, MN 55404

RE: Project Number(s) SL37401016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 11, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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

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

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,

Renee L Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 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
	37401	A. BUILDING: _____ B. WING _____	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HOME HEALTH INC	2529 17TH AVENUE SOUTH MINNEAPOLIS, MN 55404

(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: SL37401016-0 On December 8, 2025, through December 11, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were four residents; four 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (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, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 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 December 8, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (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. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included completion of a two-step tuberculin skin test (TST) or TB blood test, no greater than 90 days prior to hire date for one of two employees (clinical nurse supervisor (CNS)-B), and a documented positive TB test with the required follow up chest x-ray for one of two employees (unlicensed personnel (ULP)-D). This practice resulted in a level two violation (a	0 660		

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0 660	Continued From page 4 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: The licensee's Facility TB Risk Assessment, dated July 2, 2025, indicated the facility was at a low risk for TB transmission. On December 8, 2025, from 10:55 a.m., to 3:05 p.m., the surveyor observed CNS-B and ULP-D provide nursing cares, meal preparation, and medication administration for the facility residents. CNS-B CNS-B was hired September 29, 2025, to provide direct nursing care for residents of the facility. CNS-B's record included documentation of a completed TB history and symptom screening form, dated September 29, 2025, and a TB blood test, dated February 27, 2025, greater than 90 days before hire date. On December 8, 2025, at 1:34 p.m., CNS-B stated he was not aware his TB test result was required to be completed within 90 days prior to his hire date. CNS-B verbalized he did not have another TB test result in employee file completed within 90 days of hire date. ULP-D ULP-D was hired July 8, 2025, to provide direct	0 660		

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0 660	Continued From page 5 care for residents of the facility. ULP-D's record included documentation of a completed TB history and symptom screening form, dated July 8, 2025, and a negative chest x-ray dated September 9, 2024. ULP-D's record lacked documentation of either a previous positive TB test or documentation of completion of TB treatment, correlated to the chest x-ray. On December 9, 2025, at 9:16 a.m., owner (O)-C stated, via phone, he was not aware a previous positive TB test was required to be kept in an employee's file along with the chest x-ray. In addition, O-C stated he was not aware a TB test was to be completed within 90 days of hire date for CNS-B. O-C verbalized he would follow up with the resource provided to better understand the requirements. The licensee's Tuberculosis Screening/Prevention policy, dated September 25, 2023, indicated baseline TB screening would be required for all health care workers and this screening would include testing by either a two-step TST or a single blood test. The CDC's Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC dated May 16, 2019, recommended all health care professionals complete a TB screening including a symptom evaluation and an IGRA or TST. Health care workers with written documentation of a previous positive TST or IGRA should have documented in their record: test results, assessment for current TB symptoms and a related chest x-ray.	0 660		

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0 660	Continued From page 6 The Minnesota Department of Health (MDH) Regulations for TB Control in Minnesota Health Care Settings, updated December 20, 2023, indicated baseline TB screening consists of three components: 1. Assessing for current symptoms of active TB disease, 2. Assessing TB history, and 3. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or single IGRA. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 830 SS=F	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to follow applicable state and local laws, regulations, standards, ordinances, and codes related to smoking for one of four residents (R1).	0 830		

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0 830	Continued From page 7 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: R1 had diagnoses to include spinal cord injury, muscle spasms, and neurogenic bladder (a urologic disorder). R1's Assessment, dated November 24, 2025, indicated R1 was assessed to smoke safely, independently, without intervention. On December 8, 2025, at 10:55 a.m., the surveyor entered the facility for the survey, a strong odor of smoke was noted upon entry to the facility. On December 8, 2025, at 11:00 a.m., the surveyor observed R1's bedroom with owner (O)-C. R1's bedroom had a strong odor of cigarette smoke. R1's bedside table included two used cigarette butts lying flat, ashes, and what appeared to be three small old cigarette burn marks on the surface of the bedside table. When asked, R1 stated he would sometimes smoke in his room. R1 also verbalized he did not want to get his electric wheelchair stuck in the snow to go outside and smoke. O-C instructed R1 that smoking was not permitted in the house at any time and educated R1 he needed to go outside to smoke, and staff were available to assist.	0 830		

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0 830	Continued From page 8 On December 8, 2025, at 12:30 p.m., O-C stated he completed an incident report for R1's smoking behavior this morning. O-C verbalized the licensee has been working with R1 on his behaviors including smoking and planned to continue to educate and communicate no smoking policies in the facility with R1. The licensee's undated Indoor No-Smoking policy directed no smoking in the house and no smoking in any non-designated area. The Minnesota Clean Indoor Air Act (MCIAA) amendment effective on August 1, 2019, noted smoking was prohibited in health care facilities and clinics. In addition, defined an indoor area as a space between a floor and a ceiling that is at least half enclosed by walls, doorways, or windows (opened or closed) around the perimeter. A wall included retractable dividers, garage doors, plastic sheeting or any other temporary or permanent physical barrier. Minnesota State Statute 144.414 Prohibitions; Subdivision 3 dated 2022, indicated under a section titled Health care facilities and clinics: (a) Smoking was prohibited in any area of a hospital, health care clinic, doctor's office, licensed residential facility for children, or other health care-related facility, except that a patient or resident in a nursing home, boarding care facility, or licensed residential facility for adults may smoke in a designated separate, enclosed room maintained in accordance with applicable state and federal laws. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 830		

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01530 SS=D	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 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	01530		

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01530	Continued From page 10 for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct care staff received the required two (2) hours of initial training on mental illness and de-escalation topics within 160 hours of start date for one of two employees (unlicensed personnel (ULP)-D). 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-D was hired July 8, 2025, to provide direct care for residents of the facility. On December 8, 2025, at 2:27 p.m., the surveyor observed ULP-D assist R1 with medication administration. ULP-D's employee record lacked documentation she completed the required two hours of initial training on mental illness and de-escalation topics within 160 hours of start date, effective July 1, 2025, including the following topics: -recognizing symptoms of common mental illness diagnoses, including but not limited to mood disorders, anxiety disorders, trauma- and	01530		

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01530	Continued From page 11 stressor-related disorders, personality and psychotic disorders, substance use disorder, and substance misuse; -de-escalation techniques and communication; and -crisis resolution and suicide prevention, including procedures for contacting county crisis response teams and 988 suicide and crisis lifelines. On December 9, 2025, at 11:00 a.m., owner (O)-C stated ULP-D had not yet completed the mental health with de-escalation training. O-C verbalized he planned to follow up and ensure ULPs complete the training. 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

Caring Home Health Inc

2529 17th Avenue South

Minneapolis
, MN 55404
Hennepin County
Parcel:

License Info

License: HFID 37401

Risk:
License:
Expires on:
CFPM: ABDUKADIR M. NOR
CFPM #: 10781; Exp: 8/2/2027

Inspection Info

Report Number: F1029251293
Inspection Type: Full - Single
Date: 12/8/2025 Time: 11:30:58 aM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 1
Total Priority 3 Orders: 5
Delivery:

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: COPY OF CFPM CERTIFICATE. POST OFFICIAL ORIGINAL OR OFFICIAL DUPLICATE.
Comply By: 12/12/2025 Originally Issued On: 12/8/2025

! **New Order: 3-300B Protection from Contamination: cross-contamination, eggs**
3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.
COMMENT: UNPASTEURIZED SHELL EGGS ABOVE READY TO EAT FOODS AND RTE SURFACES. PLACE ON A LOWER LEVEL AND/OR PLACE IN CONTAINER WITH HIGH SIDEWALLS.
Comply By: 12/8/2025 Originally Issued On: 12/8/2025

New Order: 3-500C Microbial Control: date marking
3-501.17B *Priority Level: Priority 2 CFP#: 23*
MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.
COMMENT: NO DATE MARK ON OPEN DELI MEAT. ITEM KNOWN TO HAVE BEEN OPENED WITHIN 7-DAY USE WINDOW. ENSURE ALL REQUIRED ITEMS ARE DATE MARKED.
Comply By: 12/8/2025 Originally Issued On: 12/8/2025

New Order: 4-200 Equipment Design and Construction
4-204.112A *Priority Level: Priority 3 CFP#: 36*
MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.
COMMENT: INTERNAL THERMOMETERS IN WARMEST PARTS OF REFRIGERATORS ABSENT. INTERNAL THERMOMETER PROVIDED TO OPERATOR FOLLOWING THE INSPECTION. MAINTAIN INTERNAL THERMOMETERS IN ALL MECHANICAL REFRIGERATION.
Comply By: 12/8/2025 Originally Issued On: 12/8/2025

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: DRAWERS/SHELVES IN REFRIGERATORS CRACKED AND BROKEN IN AREAS. REPAIR OR REPLACE. LIGHT OUT IN KITCHEN REFRIGERATOR. REPAIR OR REPLACE.
Comply By: 12/8/2025 Originally Issued On: 12/8/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT: MOLD IN REFRIGERATOR. CLEAN AND MAINTAIN CLEAN.
Comply By: 12/8/2025 Originally Issued On: 12/8/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-305.11B *Priority Level: Priority 3 CFP#: 56*
MN Rule 4626.1480B Provide lockers or other suitable facilities for the orderly storage of employees' clothing and other possessions.
COMMENT: UNMARKED STAFF FOODS MIXED IN WITH CLIENT FOODS. CLEARLY SEPARATE STAFF FOODS AND IDENTIFY THEM AS SUCH.
Comply By: 12/8/2025 Originally Issued On: 12/8/2025

Food & Beverage General Comment

FOOD AND BEVERAGE INSPECTION CONDUCTED AS PART OF AN HRD SURVEY OF AN ALF. ESTABLISHMENT IS RESIDENTIAL IN NATURE AND HAS A SAME-DAY FOOD SERVICE – PERGO FLOORING, WOOD/MDF DRAWERS AND CABINETRY, TILE BACKSPLASH, SMOOTH PAINTED WALLS AND CEILING, MAYTAG HIGH-HEAT SANITIZING DISHWASHER.

TOPICS REVIEWED – EMPLOYEE ILLNESS LOGGING AND EXCLUSION PROCEDURES, NOTIFICATION REQUIREMENTS, FOODBORNE ILLNESS PATHOGENS COMMON TO MINNESOTA, EMPLOYEE HYGIENE, TEMPERATURE CONTROL, CLEANING AND SANITIZING, DATE MARKING.

ALL IDENTIFIED ISSUES COMMUNICATED TO OPERATOR AND SUBSEQUENTLY TO DEDE HINNENDAEL, NURSING EVALUATOR.

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 F1029251293 from 12/8/2025

Trevor McCliment

AYUB SHARIF
OWNER OPERATOR

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

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

Caring Home Health Inc

Minneapolis

Inspection Info

Report Number: F1029251293
Inspection Type: Full
Date: 12/8/2025
Time: 11:30:58 aM

New Record: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: REFRIGERATOR 1 at 37 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: DELI MEAT**; Temperature Process:** Cold-Holding
Location: REFRIGERATOR 1 at 36 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: WATER**; Temperature Process:** Cold-Holding
Location: REFRIGERATOR 2 at 35 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

Caring Home Health Inc

Minneapolis

Inspection Info

Report Number: F1029251293
Inspection Type: Full
Date: 12/8/2025
Time: 11:30:58 aM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Equal To 180 Degrees F.
Comment:
Violation Issued?: No