Electronically Delivered

October 22, 2026

Licensee
Premium Home Healthcare LLC
6424 Fremont Avenue North
Brooklyn Center, MN 55430

RE: Project Number(s) SL35683016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 15, 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.

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.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35683	A. BUILDING: _____ B. WING _____	10/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIUM HOME HEALTHCARE LLC	6424 FREMONT AVENUE NORTH BROOKLYN CENTER, MN 55430

(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 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: SL#35683016-0 On October 12, 2026, through October 15, 2026, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were three (3) residents; 3 receiving services under the Assisted Living 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 License 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 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 surveyors' 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 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 12, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee via email 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		
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by:	0 900		

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0 900	Continued From page 4 Based on interview and record review, the licensee failed to execute a written contract with the required content and authenticate the licensee's current assisted living contract for one of two residents (R1). 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: R1 was admitted on August 14, 2026. EXECUTE CONTRACT On October 12, 2026, at approximately 2:30 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided R1's assisted living contract dated and signed on August 17, 2026, and was indicated as R1's current contract. R1's medication administration record dated August 2026, indicated R1 started to receive medication administration on August 15, 2026. R1's service log record dated August 2026, indicated R1 started to receive services on August 15, 2026 R1's behavior monitoring sheet dated August 2026, indicated R1 started to receive behavior management on August 15, 2026. R1's record indicated R1 received services from	0 900		

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0 900	Continued From page 5 the licensee three (3) days before the licensee executed a written assisted living contract for R1. R1's record did not include documentation on why services were provided to R1 before an assisted living contract was executed. AUTHENICATE CONTRACT R1's contract on page 15 was signed by R1 but was not signed or authenticated by the licensee's representative. On October 12, 2026, at approximately 3:15 p.m., LALD/CNS-A confirmed R1's contract was not signed by the licensee and stated was unsure why. LALD/CNS-A also stated R1 refused to sign the assisted living contract when R1 was admitted and R1 signed the contract three (3) days later. The licensee's Notifications policy dated August 1, 2021, indicated the licensee would sign the assisted living contract prior to providing housing or assisted living services to the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is	0 970		

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0 970	Continued From page 6 required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. 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). The findings include: On October 12, 2026, at approximately 2:30 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided R1's assisted living contract and stated the contract was used by the licensee for all residents who would live in or lived at the facility. R1's current contract dated August 17, 2026, on page 13, included a section titled Miscellaneous Provisions, sub section 1. Responsibilities, and read, "The resident agrees that resident shall be responsible for any personal injury or property damage ...". On October 12, 2026, at approximately 3:10 p.m., LALD/CNS-A acknowledged the licensee's assisted living contract included waivers of liability for health, safety, and personal property of a resident. LALD/CNS-A stated they were not	0 970		

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0 970	Continued From page 7 aware that the licensee's assisted living contract had waivers of liability and the liability waiver would need to be removed from the licensee's contracts. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.	01060		

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01060	Continued From page 8 (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the Office of Long-Term Care (OOLTC) for one of two residents (R2) who had an emergency relocation. 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: On October 2, 2026, at approximately 9:40 a.m., OOLTC emailed the surveyor and indicated there were no emergency relocation notices provided	01060		

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01060	Continued From page 9 by the licensee. On October 12, 2026, at approximately 3:30 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R2 had an emergency relocation to a hospital from August 2, 2026, to August 7, 2026. R2 was admitted on April 11, 2025. R2's After Visit Summary dated August 7, 2026, indicated R2 was admitted to the hospital from August 2, 2026, to August 7, 2026. R2's Progress Notes dated August 2, 2026, indicated R2 was admitted to a hospital for psychiatric stabilization. R2's Progress Notes dated August 7, 2026, indicated R2 was discharged from the hospital after five (5) days. R2's record lacked documentation the licensee provided an emergency relocation written notification as required to the OOLTC. On October 12, 2026, at approximately 3:35 p.m., LALD/CNS-A stated they were not aware of the required emergency relocation notice to R2's Ombudsman when the emergency relocation was longer than four days. The licensee's Discharge and Transfer of Residents policy dated August 1, 2026, indicated the required written notice with the required content for an emergency relocation would be provided to the OOLTC if the resident has been relocated longer than four (4) days. No further information was provided.	01060		

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01060	Continued From page 10 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		

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

PREMIUM HOME HEALTHCARE LLC (HFID 35683)
6424 Fremont Ave N
Brooklyn Center, MN 55430
Hennepin County
Parcel:

Phone: 763 568 8828

info@premiumhomehealthllc.com

License Info

License: HFID 35683

Risk:
License:
Expires on:
CFPM: IFEYINWA OSAKWE
CFPM #: 4296; Exp: 7/31/2027

Inspection Info

Report Number: F1029261360
Inspection Type: Full - Single
Date: 10/12/2026 Time: 12:20:17 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 4
Total Priority 3 Orders: 5
Delivery:

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.14B *Priority Level: Priority 3 CFP#: 41*
MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.
COMMENT: DAMP WIPING CLOTH NOT IN USE AND NOT IN SANITIZER SOLUTION. PIC INSTRUCTED TO HOLD IN SANITIZER SOLUTION OR TO USE SINGLE USE MANUFACTURED FOOD CONTACT SURFACE WIPES.
Comply By: 10/12/2026 Originally Issued On: 10/12/2026

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-307.11 *Priority Level: Priority 3 CFP#: 39*
MN Rule 4626.0337 Protect food from miscellaneous sources of contamination.
COMMENT: RODENT DROPPINGS IN LOWER CABINETS WITH CANS AND DRY STORAGE. PIC INSTRUCTED TO REMOVE DROPPINGS AND ANY CONTAMINATED FOOD ITEMS.
Comply By: 10/12/2026 Originally Issued On: 10/12/2026

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: OPENED DELI MEAT NOT DATED. ITEM KNOWN TO HAVE OPENED YESTERDAY. PIC INSTRUCTED TO DATE MARK ALL REQUIRED ITEMS AND TO DISCARD AFTER 7 DAYS IF NOT USED.
Comply By: 10/12/2026 Originally Issued On: 10/12/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.12B *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.
COMMENT: 10/1/24: NO SMALL DIAMETER PROBE THERMOMETER. STAFF ADVISED TO PROVIDE SMALL DIAMETER PROBE THERMOMETER.

10/12/26: SMALL DIAMETER PROBE THERMOMETER NOW PRESENT BUT NOT WORKING. PIC INSTRUCTED TO ENSURE THE ESTABLISHMENT HAS A WORKING SMALL DIAMETER PROBE THERMOMETER.
Comply By: 10/12/2026 Originally Issued On: 10/12/2026

New Order: 5-200C Plumbing: Maintenance, fixture location
5-205.11AB *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.
COMMENT: DISHES IN HANDWASHING SINK. CORRECTED DURING INSPECTION. PIC INSTRUCTED TO ENSURE HANDWASHING SINK IS NOT BLOCKED BY ITEMS.
Comply By: 10/12/2026 Originally Issued On: 10/12/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.11 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1515 Maintain the physical facilities in good repair.
COMMENT: EXPOSED WOOD AND COMPOSITE WOODS IN CABINETRY AND DRAWERS. AREAS WITH TATTERED AND LOOSE CONTACT PAPER. PIC INSTRUCTED TO ENSURE WOOD AND OTHER ABSORBENT FINISHES IN MILLWORK ARE NOT EXPOSED AND FREE FROM THIN CONTACT PAPER THAT CANNOT WITHSTAND REPEATED CLEANINGS. THICK HIGH PRESSURE LAMINATE AND OTHER VIABLE COVERINGS DISCUSSED WITH PIC.
Comply By: 1/1/2027 Originally Issued On: 10/12/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.111ABD *Priority Level: Priority 3 CFP#: 38*
MN Rule 4626.1565ABD Provide control of insects, rodents, and other pests by routinely inspecting incoming food and supply shipments; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.
COMMENT: RODENT DROPPINGS PRESENT. PIC INSTRUCTED TO MAINTAIN KITCHEN CLEAN, REMOVE NON-ESSENTIAL ITEMS, ELIMINATE CAVITIES IN MILLWORK THAT PROVIDE HARBORAGE, AND TO SEAL ENTRY/EXIT POINTS WHERE PEST MAY GAIN ACCESS TO THE KITCHEN.
Comply By: 10/31/2026 Originally Issued On: 10/12/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.111C *Priority Level: Priority 2 CFP#: 38*
MN Rule 4626.1565C Use approved trapping devices or other means of pest control when pests are found.
COMMENT: ACCUMULATION OF RODENT DROPPINGS IN KITCHEN. FACILITY LAST EMPLOYED A PROFESSIONAL PEST CONTROL COMPANY IN APRIL 2026. PIC INSTRUCTED TO INCREASE PEST CONTROL MEASURES AND FREQUENCY TO REDUCE AND ELIMINATE THE RODENT POPULATION FROM THE FOOD SERVICE AREA.
Comply By: 10/31/2026 Originally Issued On: 10/12/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
COMMENT: FOOD DEBRIS AND RESIDUES ACCUMULATED IN CABINETRY AND DRAWERS. RODENT DROPPINGS IN LOWER CABINETRY AND ON FLOOR. PIC INSTRUCTED REMOVE DEBRIS AND CONTAMINANTS AND TO CLEAN AND SANITIZE SURFACES.
Comply By: 10/12/2026 Originally Issued On: 10/12/2026

Food & Beverage General Comment

FOOD AND BEVERAGE INSPECTION OF ALF PERFORMED AS PART OF HRD SURVEY. INSPECTION COMPLETED BY TREVOR MCCLIMENT (MDH).

HRD NURSING SURVEYOR EVALUATOR: CARL SAMROCK, RN, CNOR

FACILITY IS RESIDENTIAL IN NATURE WITH LAMINATE FLOOR, MDF COVERED LAMINATE COUNTERTOPS, SMOOTH PAINTED WALLS AND CEILING, WOOD/COMPOSITE WOOD MILLWORK. FACILITY USES HIGH HEAT DISHWASHER TO SANITIZE EQUIPMENT AND UTENSILS.

FOOD SAFETY AND FOODBORNE ILLNESS RISK FACTORS REVIEWED WITH PIC.

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 F1029261360 from 10/12/2026

IFEYINWA OSAKWE
LALD - PERSON IN CHARGE (PIC)

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

PREMIUM HOME HEALTHCARE LLC (HFID 35683)
Brooklyn Center
County/Group: Hennepin County

Inspection Info

Report Number: F1029261360
Inspection Type: Full
Date: 10/12/2026
Time: 12:20:17 PM

New Record: Product/Item/Unit: sliced deli meat**; Temperature Process:** Cooling
Location: fridge left door at 54 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: butter **; Temperature Process:** cooling
Location: fridge right door at 52 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: shell egg**; Temperature Process:** Cold-Holding
Location: fridge interior lower drawer at 41 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

PREMIUM HOME HEALTHCARE LLC (HFID 35683)
Brooklyn Center
County/Group: Hennepin County

Inspection Info

Report Number: F1029261360
Inspection Type: Full
Date: 10/12/2026
Time: 12:20:17 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Greater Than 150 Degrees F.
Comment:
Violation Issued?: No