Electronically Delivered

August 28, 2026

Licensee
Delight Home Healthcare LLC
6401 Neddersen Parkway
Brooklyn Park, MN 55445

RE: Project Number(s) SL36623016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 29, 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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36623	A. BUILDING: _____ B. WING _____	07/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELIGHT HEALTHCARE	6401 NEDDERSEN PARKWAY BROOKLYN PARK, MN 55445

(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: SL36623016-0 On July 27, 2026 through July 29, 2026, 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 resident(s); 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.	
0 450 SS=F	144G.41 Subdivision 1 Minimum requirements All assisted living facilities shall:	0 450		

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0 450	Continued From page 1 (1) distribute to residents the assisted living bill of rights; (2) provide services in a manner that complies with the Nurse Practice Act in sections 148.171 to 148.285; (3) utilize a person-centered planning and service delivery process; (4) have and maintain a system for delegation of health care activities to unlicensed personnel by a registered nurse, including supervision and evaluation of the delegated activities as required by the Nurse Practice Act in sections 148.171 to 148.285; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide services in a person-centered planning and service delivery process for two of two residents (R2, R3). 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) 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: R2 R2 was admitted on September 8, 2023, with diagnosis of schizophrenia. R2's assessment dated June 1, 2026, included the following statements; and had referred to incorrect pronouns (she/her) throughout the assessment:	0 450		

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0 450	Continued From page 2 - staff were educated to always try to check on the client; - check if client is cutting herself; - client introducing substance that is not supposed to bring to the house; - stealing other clients' things; - verbal and physical aggression; - staff will make sure the client and others are safe by monitoring her, especially when she is agitated; - client has a history of medication refusals; - trying to hurt self and continued substance use; - client also has a history of cutting herself; - staff will calmly redirect the client about overeating and behavior; - behavior - wandering: staff to monitor and observe while wandering, remove anything that might cause fall; and the client has tendency to walk up and down; - behavior - physically aggressive: avoid anything that can cause aggression, have enough staff to make sure client needs are met, make sure client has no reason to physically attack anyone, and monitor the client for increased irritation, anxiety and agitation; - behavior - verbally aggressive: staff recognize when the client's behavior is changing, offer PRN, offer activity, socialize with the client, call the nurse to talk to the client, keep client, peers, and staff safe; - behavior - hallucination: monitor client for signs of hallucination, support staff will give the client ... (left blank), report to the RN, never argue with the client about their hallucination or tell the client what she is saying is not real because doing so will increase her anxiety and agitation; - behavior - agitated or resistive: recognize when the client is agitated, provide safety, intervene based on the sign, and staff can call 911 right away for safety dependent on what the client was	0 450		

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0 450	Continued From page 3 doing and symptoms; - behavior - paranoid: staff to monitor, support the client, and staff were trained never to argue with the client especially about the client's paranoia. - mental illness - anxiety: recognize when the client gets anxious by stomping, upset, refusing cares, hyperventilating, slamming doors, yelling, talking too loudly, playing loud music, and cursing. Staff should offer one on one time, offer as needed medication, provide safety, intervene based on the sign, report to the nurse, offer to go for a walk, watch her favorite channels, and can call 911. - mental illness - depression: recognize when the client is depressed by refusal to do anything, refusal to get out of their room, crying, hopelessness, thoughts she would be better off dead, eat too much, and reports of not able to walk. Staff should provide one on one time with the client, offer as needed medication, provide safety, intervene based on the sign, report to the nurse, offer to go for a walk, watch her favorite channels, and can call 911. - mental illness- schizophrenia: recognize when the client has signs and symptoms of schizophrenia like depression, hallucination, suicidal ideation, delusional, and flight of ideas. Staff should offer as needed medication, provide safety, intervene based on the sign, report to the nurse can call 911. - mental illness - paranoia: recognize when the client has paranoia like accusations of people monitoring her, had something added to her food, or attempts to kill her. Staff should offer as needed medication, provide safety, intervene based on the sign, report to the nurse, and can call 911. - mental illness - hallucinations: staff to monitor for signs of hallucination which included psychotic, hearing voices, seeing things. Staff	0 450		

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0 450	Continued From page 4 would give the client ordered medications, report to the RN, never argue with the client about their hallucination, and redirect the client; and - mental illness - delusions: staff to monitor for signs of delusion like saying ants are crawling, and anxiety. Staff would give the client as needed medications, report to the RN, never argue with the client about their delusional thoughts, and redirect the client. R2's record lacked person-centered assessment of specific interventions based on the resident's assessment and history; and had generic examples that did not relate to R2. R3 R3 was admitted to the licensee on April 27, 2026, with a diagnosis of schizophrenia. R3's assessment dated May 13, 2026, included the following statements; and had referred to incorrect pronouns (she/her) throughout the assessment: - Staff were educated to always try to check on the client; - check if client is doing anything risky to himself; - verbal and physical aggression; - client is verbally and physically aggressive towards others; - Staff will make sure clients and others are safe by monitoring him, especially when he is agitated; - client has a history of medication refusals; - trying to hurt self and continued substance use; - the client occasionally refused to take scheduled medications; - staff will calmly redirect the client about overeating and behavior; - behavior - wandering: staff to monitor and observe while wandering, remove anything that might cause fall; and the client has tendency to	0 450		

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0 450	Continued From page 5 walk up and down; - behavior - physically aggressive: avoid anything that can cause aggression, have enough staff to make sure client needs are met, make sure client has no reason to physically attack anyone, and monitor the client for increased irritation, anxiety and agitation; - behavior - verbally aggressive: staff recognize when the client's behavior is changing, offer PRN, offer activity, socialize with the client, call the nurse to talk to the client, keep client, peers, and staff safe; - behavior - hallucination: monitor client for signs of hallucination, support staff will give the client ... (left blank), report to the RN, never argue with the client about their hallucination or tell the client what she is saying is not real because doing so will increase her anxiety and agitation; - behavior - agitated or resistive: recognize when the client is agitated, provide safety, intervene based on the sign, and staff can call 911 right away for safety dependent on what the client was doing and symptoms; - behavior - paranoid: staff to monitor, support the client, and staff were trained never to argue with the client especially about the client's paranoia; - mental illness - anxiety: recognize when the client gets anxious by stomping, upset, refusing cares, hyperventilating, slamming doors, yelling, talking too loudly, playing loud music, and cursing. Staff should offer one on one time, offer as needed medication, provide safety, intervene based on the sign, report to the nurse, offer to go for a walk, watch her favorite channels, and can call 911. - mental illness - depression: recognize when the client is depressed by refusal to do anything, refusal to get out of their room, crying, hopelessness, thoughts she would be better off dead, eat too much, and reports of not able to	0 450		

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0 450	Continued From page 6 walk. Staff should provide one on one time with the client, offer as needed medication, provide safety, intervene based on the sign, report to the nurse, offer to go for a walk, watch her favorite channels, and can call 911. - mental illness- schizophrenia: recognize when the client has signs and symptoms of schizophrenia like depression, hallucination, suicidal ideation, delusional, and flight of ideas. Staff should offer as needed medication, provide safety, intervene based on the sign, report to the nurse can call 911. - mental illness - paranoia: recognize when the client has paranoia like accusations of people monitoring her, had something added to her food, or attempts to kill her. Staff should offer as needed medication, provide safety, intervene based on the sign, report to the nurse, and can call 911. - mental illness - hallucinations: staff to monitor for signs of hallucination which included psychotic, hearing voices, seeing things. Staff would give the client ordered medications, report to the RN, never argue with the client about their hallucination, and redirect the client; and - mental illness - delusions: staff to monitor for signs of delusion like saying ants are crawling, and anxiety. Staff would give the client as needed medications, report to the RN, never argue with the client about their delusional thoughts, and redirect the client. R3's record lacked person-centered assessment of specific interventions based on the resident's assessment and history; and had generic examples that did not relate to R3. On July 29, 2026, at 9:19 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C confirmed R2 and R3 used	0 450		

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0 450	Continued From page 7 pronouns of he or him and not she or her. LALD/CNS-C stated both clients did not have a history of cutting themselves as indicated in their assessments. LALD/CNS-C stated R2 had a history of throwing things when agitated while R3 did not have a history of throwing things, they had a history of just getting agitated but agitation for anyone could lead to throwing things. LALD/CNS-C stated when they did an assessment and if the resident had a behavior, then they would tell staff what to do to intervene, even if the resident did not have a personal history of it. LALD/CNS-C gave an example that agitation could be verbal or physical, but this leads to a possibility of throwing things, so the staff need to intervene to prevent it. LALD/CNS-C stated both clients had history of overeating. LALD/CNS-C stated R2 likes to eat a lot of junk food; and R3 liked to eat a lot of roman noodles, but both residents have eaten in the middle of the night. LALD/CNS-C stated R2 will leave the facility without telling anyone and would then return around midnight which LALD/CNS-C stated this was R2 wandering. LALD/CNS-C stated R3 did not have any history of wandering for the licensee but was found wondering due to being homeless prior to moving into the facility. CNS stated they did not call these behaviors elopement since that was if the resident went missing. LALD/CNS-C stated R2 had a history of reporting not being able to walk but did not specify more on this; and R3 did not have history of reporting an inability to walk as indicated in the assessment. LALD/CNS-C stated R2 did have a history of verbalizing they would be better off dead when he does not get his social security money; and R2 had reported they would be better off dead to their doctor. LALD/CNS-C stated R2 accused people of monitoring them as R2 frequently changed their bedroom door lock as	0 450		

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0 450	Continued From page 8 they believe people kept getting their keys; and R3 had a history of accusing people of monitoring them as it was indicated in their discharge papers when they were admitted to the facility. LALD/CNS-C stated R2 did not like people touching his food but did not think people were putting things in his food; and R3 had a history of thinking people were putting things in their food prior to coming here as that was also in their discharge papers. LALD/CNS-C stated they put examples of things for staff to look for but it did not mean the residents were doing the things at the time of the assessment. LALD/CNS-C stated the mention of ants crawling was just an example for staff to understand. LALD/CNS-C stated some of the behaviors might look the same because it is a sign or symptom used as an example but may not relate to the resident but if they had a specific example for the resident, then it would not be the same in the assessment. LALD/CNS-C confirmed they used a template and then would add specifics if it had applied to the resident. LALD/CNS-C stated the abuse prevention items on the assessment would all be the same as well however they would make sure to add history of drug use or if they resident was not taking medications. The licensee's Assessments, Reviews & Monitoring policy dated August 1, 2021, indicated the facility would complete an individualized initial review of the resident's needs and preferences. Also, the policy indicated the individualized review or subsequent reviews must include all the required elements as specified in rule. Minnesota Statute 144G.08, Subd. 49, person-centered planning and service delivery, indicated "Person-centered planning and service delivery" means services as defined in section	0 450		

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0 450	Continued From page 9 245D.07, subdivision 1a, paragraph (b). Minnesota Statute 245D.07, Subd. 1a. Person-centered planning and service delivery, indicated the licensee holder must provide services in response to the person's identified needs, interests, and preferences. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 450		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (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	0 480		

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0 480	Continued From page 10 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 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	0 480		

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0 480	Continued From page 11 resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 27, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: 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.	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36623	A. BUILDING: _____ B. WING _____	07/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELIGHT HEALTHCARE	6401 NEDDERSEN PARKWAY BROOKLYN PARK, MN 55445

(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
0 800	Continued From page 12 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated July 28, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: SEVEN (7) days.	0 800		

, MN
Phone:

Food & Beverage Inspection Report

Establishment Info

DELIGHT HOME HEALTHCARE LLC
6401 Neddersen Parkway
Brooklyn Park, MN 55445
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36623

Risk:
License:
Expires on:
CFPM: Nkeiruka Okwuoma Okonkwo
CFPM #: 14701; Exp: 10/16/2028

Inspection Info

Report Number: F1068261047
Inspection Type: Full - Single
Date: 7/27/2026 Time: 3:33:06 PM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery: Emailed

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: TCS FOODS IN KITCHEN REFRIGERATOR MEASURED ABOVE 41 DEGREES F. PERSON IN CHARGE STATED SOME TCS FOODS WERE PURCHASED SAME DAY, ~1.5 HOURS PRIOR. TCS FOODS STORED IN THE COOLER FOR MORE THAN A DAY WERE DISCARDED. TCS FOODS PURCHASED THAT DAY WERE RELOCATED TO GARAGE COOLER. CORRECTED.
Comply By: 7/27/2026 Originally Issued On: 7/27/2026

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: THE KITCHEN REFRIGERATOR WAS UNABLE TO MAINTAIN TCS FOODS AT 41 DEGREES F OR BELOW. ADJUST/REPAIR/REPLACE KITCHEN REFRIGERATOR TO MAINTAIN TCS FOODS AT 41 DEGREES F OR BELOW.
Comply By: 7/27/2026 Originally Issued On: 7/27/2026

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: INTERIOR OF CABINETS VISIBLY DIRTY. CLEAN AND MAINTAIN CLEAN.
Comply By: 7/27/2026 Originally Issued On: 7/27/2026

Food & Beverage General Comment

THE INSPECTION WAS COMPLETED AND DISCUSSED WITH THE PERSON IN CHARGE AND HEALTH REGULATION DIVISION NURSING EVALUATOR, RHAWNIE QUINEHAN (MDH).

THE ESTABLISHMENT HAS A RESIDENTIAL GRADE KITCHEN, INCLUDING THE REFRIGERATOR AND DISH MACHINE. THE KITCHEN FINISHES ARE AS FOLLOWS:

FLOORS: VINYL PLANK
WALLS: SMOOTH, PAINTED DRYWALL
CEILINGS: PAINTED

THE ESTABLISHMENT HAS A SCHEDULED MEAL MENU FOR RESIDENTS. THE PERSON IN CHARGE STATED THAT ALL FOOD PREPARED FOR RESIDENTS IS KEPT NO LONGER THAN A DAY, USING SAME DAY SERVICE.

FOOD FOR RESIDENTS IS SOURCED FROM HYVEE, SAM'S CLUB, WALMART.

THE FOLLOWING TOPICS WERE DISCUSSED DURING THE INSPECTION:
-HANDWASHING & DISPOSABLE GLOVE USE
-SANITIZATION CYCLE ON THE RESIDENTIAL DISH MACHINE
-SERVING A HIGHLY SUSCEPTIBLE POPULATION
-SAME DAY SERVICE
-BODILY FLUID CLEAN-UP PROCEDURES
-EMPLOYEE ILLNESS POLICY AND REPORTING PROCEDURES

DUE TO THE VIOLATIONS NOTED IN THE REPORT, ADDITIONAL FOLLOW-UP IS REQUIRED. SEND THE INSPECTOR PICTURES OF THE INTERNAL KITCHEN REFRIGERATOR THERMOMETER, SHOWING THAT THE UNIT IS CAPABLE OF MAINTAINING TCS FOODS AT 41 DEGREES F OR BELOW.

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 inspection report number F1068261047 from 7/27/2026

Gabriel Stark

Nkeiruka Okwuoma Okonkwo
Person in charge

Gabe Stark,
Public Health Sanitarian 2
gabe.stark@state.mn.us

, MN

DEPARTMENT OF HEALTH

Temperature Observations/Recordings

Establishment Info

DELIGHT HOME HEALTHCARE LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1068261047
Inspection Type: Full
Date: 7/27/2026
Time: 3:33:06 PM

Food Temperature: Product/Item/Unit: MAYO**; Temperature Process:** Cold-Holding
Location: KITCHEN REFRIGERATOR at 50 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: BUTTER **; Temperature Process:** Cold-Holding
Location: KITCHEN REFRIGERATOR at 50 Degrees F.
Comment:
Violation Issued?: Yes

Equipment Temperature: Product/Item/Unit: AMBIENT **; Temperature Process:** Ambient Air
Location: KITCHEN at 53 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: ALMOND MILK**; Temperature Process:** Cold-Holding
Location: GARAGE REFRIGERATOR at 39 Degrees F.
Comment:
Violation Issued?: No

, MN

Sanitizer Observations/Recordings

Establishment Info

DELIGHT HOME HEALTHCARE LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1068261047
Inspection Type: Full
Date: 7/27/2026
Time: 3:33:06 PM

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

, MN
Phone:

Food & Beverage Inspection Report

Establishment Info

DELIGHT HOME HEALTHCARE LLC
6401 Neddersen Parkway
Brooklyn Park, MN 55445
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36623

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1068261050
Inspection Type: Follow-up - Single
Date: 7/28/2026 Time: 9:53:29 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

FOLLOW-UP CONDUCTED TO ENSURE SAFE FOOD OPERATIONS.

PERSON IN CHARGE PROVIDED PICTURE OF KITCHEN REFRIGERATOR INTERNAL THERMOMETER SHOWING THAT THE UNIT WAS ABLE TO MAINTAIN AN AMBIENT AIR TEMPERATURE OF 41 DEGREES F OR BELOW.

CONTINUE TO MONITOR REFRIGERATOR TEMPERATURES TO ENSURE SAFE FOOD STORAGE PRACTICES.

NO ADDITIONAL FOLLOW-UP IS REQUIRED AT THIS TIME.

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 inspection report number F1068261050 from 7/28/2026

Gabriel Stark

Establishment Representative

Gabe Stark,
Public Health Sanitarian 2
gabe.stark@state.mn.us

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL36623016	**Date:** 7/28/2026
Facility Name: Delight Home Healthcare LLC	
Facility Address: 6401 Neddersen Parkway Brooklyn Park, MN 55445	

☒ **TAG IDENTIFICATION: 0800**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

   Comments: Several maintenance items were found:
   Hole in the floor in resident room #5.
   Paint was coming off the inside of the front door.
   Floor tiles were coming up in the family room and bathroom in the basement.
   Basement Vents were full of dust.
   Tape was on the top step to hold down the tack strip.
   Resident room # 2 had personal belongings blocking the way of egress, had soiled walls and floor, and was missing the paint finishes.
   Bathroom vanity and trim had the paint coming off.
   Trim paint was coming off throughout the house.
   Walls, on the upstairs family room, were soiled and had paint coming off the walls.
   Paint was coming off and missing most of its finishes on the backyard deck.