Electronically Delivered

October 19, 2026

Licensee
Bethel Pavilion Homecare LLC
3816 83rd Avenue North
Brooklyn Park, MN 55443

RE: Project Number(s) SL34064016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 17, 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.

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 . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed

pursuant to this survey:

St - 0 - 0470 - 144g.41 Subdivision 1 - Minimum Requirements - $1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in

a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34064	A. BUILDING: _____ B. WING _____	09/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL PAVILION HOMECARE LLC	3816 83RD AVENUE NORTH BROOKLYN PARK, MN 55443

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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#34064016-0 On September 14, 2026, through September 17, 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 four (4) residents; 4 receiving services under the Assisted Living license. On September 15, 2026, an immediate correction order was issued for tag identification 0470. During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remained unchanged.	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.	
0 470 SS=I	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for	0 470		

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0 470	Continued From page 1 determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a minimum of two direct-care staff were scheduled and available to assist at all times whenever a resident required the assistance of two direct-care staff for scheduled reasonably foreseeable and unscheduled needs for one of four residents (R1) who required two-person assistance. This practice resulted in a level three violation (a	0 470	During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged.	

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0 470	Continued From page 2 violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) 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 the residents). The findings include: The licensee held an assisted living facility license staffed with 20 personnel - licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, registered nurse (RN)-B, house manager (HM)-C, and 17 unlicensed personnel (ULP). The licensee was licensed for a bed capacity of four (4) residents and had a current census of 4 residents. The facility's main entrance had a split entry landing with stairs leading up to an upper level and stairs leading down to a lower level. The upper-level stairs had a stair lift installed. On September 14, 2026, at approximately 10:15 a.m., during the entrance conference, LALD/CNS-A stated each day that two (2) ULPs were scheduled from 7:00 a.m. to 3:00 p.m., 2 ULPs were scheduled from 3:00 p.m. to 11:00 p.m., and one (1) ULP was scheduled from 11:00 p.m. to 7:00 a.m. On September 14, 2026, at approximately 11:00 a.m., during a facility tour, the surveyor observed the licensee's biweekly staff schedule, dated September 5 through September 18, posted in the dining room area. The staff schedule indicated each day that 2 ULPs were scheduled from 7:00 a.m. to 3:00 p.m., 2 ULPs were scheduled from 3:00 p.m. to 11:00 p.m., and one	0 470		

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0 470	Continued From page 3 ULP was scheduled from 11:00 p.m. to 7:00 a.m. On September 14, 2026, at 11:05 a.m., LALD/CNS-A confirmed the posted schedule was the most current staff schedule for the licensee. LALD/CNS-A also confirmed that 2 ULPs were onsite from 7:00 a.m. until 11:00 p.m. and one ULP was onsite from 11:00 p.m. until 7:00 a.m. LALD/CNS-A stated the licensee staffed a second ULP on the day and evening shifts in case R1 needed a second staff person to assist with transfers or in case of an emergency. LALD/CNS-A did not answer why there was only one ULP scheduled on the night shift. R1 was admitted on May 27, 2025, with diagnoses that included cerebral infarction (stroke) with left sided hemiplegia (total or partial paralysis), congestive heart failure, muscle weakness (generalized), and other abnormalities of gait and mobility. R1 resided in bedroom 2 that was located on the upper level of the facility. R1's Master Care Plan dated September 5, 2026, indicated R1 needed a 1-2 person assist with activities of daily living (ADL), turning and repositioning in bed, transferring safely from R1's bed to a wheelchair, and transferring safely from a wheelchair to a stairlift. R1's Master Care Plan also indicated R1 needed a two-person assist with a transfer in and out of the bathtub and for a mechanical lift (Hoyer) when R1 felt too weak to help with transfers. R1's Assessment dated September 5, 2026, indicated R1 needed a two-person assist to move R1 to a safe place using a Hoyer lift, wheelchair, and a stair lift in an emergency evacuation. The assessment also indicated R1 required a two-person assist with activities of daily living	0 470		

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0 470	Continued From page 4 (ADL) and transfers. The assessment further indicated R1 had a history of insomnia (difficulty sleeping) and R1 liked to stay up during night and slept in during the day shift. On September 14, 2026, at approximately 2:00 p.m., ULP-D stated R1 usually needed one person to assist with transfers but sometimes needed two staff to transfer R1. On September 14, 2026, at approximately 3:30 p.m., house manager (HM)-C stated the licensee had one ULP working the night shift and would call emergency services (911) at night for help to evacuate R1 during an emergency. The licensee's Staffing policy dated August 1, 2021, indicated the CNS would prepare and implement a 24-hour daily staffing plan that ensured adequate staffing always met the residents' needs, including reasonably foreseeable needs. The licensee's Emergency Preparedness policy, dated August 1, 2021, indicated the licensee would ensure the safety and well-being of high-priority bedridden residents during an emergency. Minnesota Administrative Rule 4659.0180, Subpart 5 dated August 11, 2021, indicated a minimum of two direct-care staff must be scheduled and available to assist at all times whenever a resident requires the assistance of two direct-care staff for scheduled reasonably foreseeable and unscheduled needs, as reflected in the resident's assessments and service plan. No further information was provided.	0 470		

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0 470	Continued From page 5 TIME PERIOD FOR CORRECTION: IMMEDIATE	0 470		
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 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	0 480		

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0 480	Continued From page 6 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 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	0 480		

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0 480	Continued From page 7 (FBEIR) dated September 15, 2026, for the specific Minnesota Food Code violations. The FBEIR was provided to the licensee via email on September 17, 2026. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. 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 require any resident to include and pay for meals as part of their assisted living monthly base fee for four of four residents (R1, R2, R3, R4).	0 485		

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0 485	Continued From page 8 This practice resulted in a level one violation (a violation that has no potential to cause more than a 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 potential to affect a large portion or all the residents). The findings include: On September 14, 2026, at approximately 1:45 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided R1's [licensee] Assisted Living Contract and stated the contract was used by the licensee for all residents who would live in the facility. R1's current Assisted Living Contract, dated June 2, 2025, on page 1, indicated the monthly base fee included rent and included services. On page 13, Attachment A indicated the included service of three (3) meals daily with snacks available seven (7) days a week was included in the monthly base fee. On September 14, 2026, at approximately 3:15 p.m., LALD/CNS-A acknowledged the licensee's assisted living contract required residents to pay for meals as part of their base fee and stated they were unaware of this requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited	0 970		

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0 970	Continued From page 9 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 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 September 14, 2026, at approximately 1:45 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided R1's [licensee] Assisted Living Contract and stated the contract was used by the licensee for all residents who would live in the facility. R1's current Assisted Living Contract dated June 2, 2025, on page 10, included a section titled A. Damage of Injury to Resident of Resident's Property, and read, "We are not responsible for	0 970		

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0 970	Continued From page 10 any damage or injury suffered by you, your property ..." and on page 10, included a section titled B. Acts of Third Parties, and read, "We are not responsible for the actions of, or for any damages, injury or harm caused ....". On September 14, 2026, at approximately 3:20 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 aware that the licensee's assisted living contract had waivers of liability and the liability waiver would need to be removed from the licensee contracts. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34064	A. BUILDING: _____ B. WING _____	09/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL PAVILION HOMECARE LLC	3816 83RD AVENUE NORTH BROOKLYN PARK, MN 55443

(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
01650	Continued From page 11 facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the residents' service plan included all required content for four of four residents (R1, R2, R3, R4). 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: The licensee was licensed for a bed capacity of four (4) residents and had a current census of 4 residents. On September 14, 2026, at approximately 10:15 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34064	A. BUILDING: _____ B. WING _____	09/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01650	Continued From page 12 (LALD/CNS)-A stated they were responsible for developing and maintaining the licensee's resident service plans. R1 was admitted on May 27, 2025. On September 14, 2026, at approximately 1:45 p.m., R1's signed service plan, dated May 28, 2026, was provided by LALD/CNS-A and indicated as R1's current service plan with services R1 was receiving. R1's service plan lacked the required content of fees for services. On September 14, 2026, at approximately 1:55 p.m., LALD/CNS-A confirmed R1's service plan lacked the fees for services content and stated R2, R3, and R4'scurrent service plans would also not have the fees for services content and was unaware of this requirement. The licensee's Service Plan policy dated August 1, 2021, indicated the residents' service plan would include fees for services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		

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

Bethel Pavilion Home Care LLC
3816 83rd Ave N
Brooklyn Park, MN 55443
Hennepin County
Parcel:

Phone:

License Info

License: HFID 34064

Risk:
License:
Expires on:
CFPM: Lydia I. Oyewole
CFPM #: 110109; Exp: 01/27/2028

Inspection Info

Report Number: F1005261236
Inspection Type: Full - Single
Date: 9/15/2026 Time: 10:50 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
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 THE KITCHEN REFRIGERATOR WERE 45-46 DEGREES F. FRIDGE WAS TURNED TO A COLDER SETTING. RECHECK FOOD TEMPERATURES TO ENSURE THEY COME TO 41 DEGREES F AND BELOW.
Comply By: 9/15/2026 Originally Issued On: 9/15/2026

New Order: 4-200 Equipment Design and Construction
4-203.12 *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0560 Replace ambient air and water temperature measuring devices that are not accurate to plus or minus 3 degrees F.
COMMENT: THE AMBIENT THERMOMETER IN THE KITCHEN REFRIGERATOR WAS READING 40 DEGREES F, WHILE FOOD TEMPERATURES WERE 45-46 DEGREES F. PROVIDE AN ACCURATE AMBIENT AIR THERMOMETER.
Comply By: 9/15/2026 Originally Issued On: 9/15/2026

Food & Beverage General Comment

INSPECTION COMPLETED WITH FOOD MANAGER AND EMAILED TO HRD NURSING EVALUATOR CARL SAMROCK.

A MAXIMUM REGISTERING THERMOMETER WAS ON SITE AND OPERATOR RAN IT THROUGH THE DISHWASHER AFTER INSPECTION. A PICTURE WAS SENT TO INSPECTOR SHOWING IT PROVIDED A UTENSIL SURFACE TEMPERATURE OF 164 DEGREES F.

DISCUSSED DATE MARKING, GLOVE USE, COOKING TEMPERATURES, CROSS-CONTAMINATION, AND EMPLOYEE ILLNESS.

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE.

FLOORING IS LAMINATE, CABINETS ARE WOOD WITH HOLLOW BASE, COUNTERS ARE LAMINATE, AND CEILING HAS A POPCORN FINISH. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

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 F1005261236 from 9/15/2026

LYDIA OYEWOLE

Jessica Davis, REHS
Public Health Sanitarian 3
651-201-3961
jessica.davis@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

Bethel Pavilion Home Care LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1005261236
Inspection Type: Full
Date: 9/15/2026
Time: 10:50 AM

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: Kitchen Refrigerator at 45 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: LETTUCE**; Temperature Process:** Cold-Holding
Location: Kitchen Refrigerator at 46 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: Garage Refrigerator at 40 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

Bethel Pavilion Home Care LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1005261236
Inspection Type: Full
Date: 9/15/2026
Time: 10:50 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dishwasher
Location: Equal To 164 Degrees F.
Comment:
Violation Issued?: No