



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 1, 2026

Licensee

Companions of Comfort LLC

6892 175th Street West

Farmington, MN 55024

RE: Project Number(s) SL41542001

Dear Licensee:

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

The Minnesota Department of Health completed an initial survey on August 18, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the

correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's residents/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/18/2026
NAME OF PROVIDER OR SUPPLIER COMPANIONS OF COMFORT LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6892 175TH ST W FARMINGTON, MN 55024		
(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: SL41542001-0 On August 17, 2026, through August 18, 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 two resident(s); two 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.		
0 510 SS=E	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	0 510			

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 510	Continued From page 1 maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical and nursing standards for infection control related to glove use and handwashing during treatment and medication administration for one of one employee (owner/unlicensed personnel (ULP)-A). 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly, but is not found to be pervasive). The findings include: On August 17, 2026, at 11:30 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-A preparing to give R1 medications. O/ULP-A failed to wash hands or put on gloves before or after	0 510			

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0 510	Continued From page 2 medication administration. Further, the surveyor observed licensed assisted living director/registered nurse (LALD/RN)-B in R1's doorway rubbing hands together as if to demonstrate handwashing should be done. On August 17, 2026, at 1:00 p.m., the surveyor observed O/ULP-A preparing to administer R2's eye drops. O/ULP-A put on gloves, removed the medical record, administered the eye drops, documented the administration, and removed their gloves. No handwashing was observed before or after medication administration or glove use. On August 18, 2026, at 11:30 a.m., LALD/RN-B stated the expectation is to wash hands before and after using gloves, and further stated she did retrain O/ULP-A after seeing O/ULP-A was not washing her hands during medication administration. The licensee's Infection Control policy dated November 17, 2025, indicated hands should be washed at the following times: a. After changing beds a. Before assisting with medications b. Before and after treatments c. After all pet care d. After housekeeping e. After emptying bedpans f. After assisting the resident to the toilet g. After removing items from the floor h. Before preparing food i. Before feeding residents j. After using the bathroom k. After coughing or sneezing l. After smoking m. After handling plants o. After removing gloves	0 510			

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0 510	Continued From page 3 No other information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the	0 730			

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0 730	Continued From page 4 needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure resident records included documentation of services provided for one of one resident (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: During the entrance conference on August 17, 2026, at 9:30 a.m., licensed assisted living director/registered nurse (LALD/RN)-B stated the licensee provided treatment and therapy services to residents as prescribed.	0 730			

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0 730	Continued From page 5 R1 started receiving services on March 30, 2026, with a diagnosis of bipolar disorder and low back pain. On August 18, 2026, at 9:00 a.m., the surveyor observed owner/unlicensed personnel O/ULP-A assist R1 with putting on compression stockings (used to reduce swelling and improve circulation in lower extremities). On August 18, 2026, at 10:00 a.m., O/ULP-A stated R1 does not always want her compression stockings on; only when she feels her legs swelling, and then R1 will ask for assistance with putting them on. R1 usually wants them on three times a week. R1's Master Care Plan (used as the service plan) dated July 12, 2026, indicated R1 needed assistance with bathing, dressing, mobility, and grooming. R1's master care plan did not include R1's use of compression stockings. R1's comprehensive assessment dated July 12, 2026, indicated she needed assistance with activities of daily living (ADLs), but did not include compression stockings or requiring assistance with them. On August 18, 2026, at 10:30 a.m., licensed assisted living director/registered nurse (LALD/RN)-B stated she was not aware that R1 had compression stockings. LALD/RN-B is aware of the need to add the service to the resident's medical record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 730			

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0 730	Continued From page 6 (21) days	0 730			
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an	01620			

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01620	Continued From page 7 individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed an accurate comprehensive assessment including all the residents' needs as required for one of one resident 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: During the entrance conference on August 17, 2026, at 9:30 a.m., licensed assisted living director/registered nurse (LALD/RN)-B stated the RN was responsible for the residents'	01620			

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01620	Continued From page 8 comprehensive assessments and would complete a new assessment every 90 days and for any change of condition. R1 started receiving services on March 30, 2026, with a diagnosis of bipolar disorder and low back pain. On August 18, 2026, at 9:00 a.m., the surveyor observed owner/unlicensed personnel O/ULP-A assist R1 with putting on compression stockings (used to reduce swelling and increase circulation in lower extremities). On August 18, 2026, at 10:00 a.m., O/ULP-A stated R1 does not always want her compression stockings on; only when she feels her legs swelling, then she will ask for assistance to put them on. R1 usually typically wants them on three times a week. R1's Master Care Plan (used as the service plan) dated July 12, 2026, indicated R1 needed assistance with bathing, dressing, mobility, and grooming. R1's master care plan did not include R1's use of compression stockings. R1's comprehensive assessment dated July 12, 2026, indicated she needed assistance with activities of daily living (ADLs), but it did not include the use of compression stockings and requiring assistance with putting them on. The assessment was inaccurate. On August 18, 2026, at 10:30 a.m., licensed assisted living director/registered nurse (LALD/RN)-B stated she was not aware that R1 had compression stockings. The licensee's Assessment and Reassessment	01620			

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01620	Continued From page 9 policy dated November 17, 2025, indicated ongoing resident monitoring must be conducted as needed based on changes in the needs of the resident. If the RN or other staff reasonably believes that a resident is in need of other medical or health services, the RN will determine the residents preferences with respect to obtaining the service. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620			
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) documented resident-specific instructions for medications for one of one resident (R2) with delegated medication administration to unlicensed personnel (ULP).	01750			

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01750	Continued From page 10 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: R2 started receiving services on August 9, 2025, with diagnoses including depression, anxiety, and glaucoma. R2's Master Care Plan indicated the resident received assistance with activities of daily living (ADLs) and medication administration. R2's medication administration Summary (MAR) dated August 2026, included: -brimonidine solution 0.2% solution. (Used to lower intraocular pressure in glaucoma) Instill one drop (10 milligrams (mg)) in right eye three times a day, 8:00 a.m., 2:00 p.m., and 8:00 p.m. -Dorzol/Timol solution. (used to lower high eye pressure in glaucoma) Place one drop in both eyes twice a day. 8:00 a.m. and 2:00 p.m. -latanoprost solution 0.005%. Instill one drop in both eyes every evening (8:00 p.m.). On August 17, 2026, at 1:00 p.m., the surveyor observed owner/unlicensed personnel (O/ULP)-A prepare and administer R2's scheduled afternoon eye drops. O/ULP-A donned gloves, and administered brimonidine eye solution, one drop in the right eye, and then proceeded to administer Dorzol/Timol solution, one drop into both of R2's	01750			

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01750	Continued From page 11 eyes. O/ULP-A then doffed her gloves and proceeded to document the eye drop administrations. O/ULP-A failed to wait five minutes between eye drop administration. On August 17, 2026, at 3:30 p.m., licensed assisted living director/registered nurse (LALD/RN)-B stated the R2's medication record did not have specific instructions for the staff to indicate the amount of time to wait between administration of the eye drops and thought it was only required to have a three minute between drops. The manufacturer instructions for Dorzolamide/Timol ophthalmic solution dated July 2016, under important information about use, indicated that if you use other eye medicines dropped onto the eye, use the medicines at least five minutes before or after each use. The manufacturer instructions for brimonidine tartrate ophthalmic solution last revised June 2022, under the dosage and administration section, indicated brimonidine may be used concomitantly with other topical ophthalmic solutions. If more than one topical ophthalmic product is used, the different products should be instilled at least five minutes apart. The licensee's Medication Administration policy dated November 17, 2025, indicated the registered nurse may delegate medication administration to an unlicensed staff member (home health aide) according to the following protocol. a. All home health aides have passed a competency evaluation with respect to all medication routes to be administered b. The registered nurse has prepared written	01750			

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER COMPANIONS OF COMFORT LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6892 175TH ST W FARMINGTON, MN 55024		
(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
01750	Continued From page 12 instructions for the home health aide in the proper methods to administer medications with respect to each resident c. The registered nurse has communicated with/provided orientation to the home health aide regarding the individual needs of the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and	01940			

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01940	Continued From page 13 therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of one resident who had treatments managed by the facility (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: During the entrance conference on August 17, 2026, at 9:30 a.m., licensed assisted living director/registered nurse (LALD/RN)-B stated the licensee provided treatment and therapy services to residents as prescribed. R1 started receiving services on March 30, 2026, with a diagnosis of bipolar disorder and low back pain. On August 18, 2026, at 9:00 a.m., the surveyor observed owner/unlicensed personnel (O/ULP)-A	01940			

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01940	Continued From page 14 assist R1 with putting on compression stockings (used to reduce swelling and improve circulation in the lower extremities). On August 18, 2026, at 10:00 a.m., O/ULP-A stated R1 does not always want her compression stockings on; only when she feels her legs swelling, and then she will ask for assistance with putting them on. R1 usually wants them on three times a week. R1's Master Care Plan (used as the service plan) dated July 12, 2026, indicated R1 needed assistance with bathing, dressing, mobility, and grooming. R1's master care plan did not include the use of compression stockings. R1's comprehensive assessment dated July 12, 2026, indicated R1 needed assistance with activities of daily living (ADLs) but did not indicate that R1 used compression stockings and required assistance with putting them on. R1's record did not include evidence of an individualized treatment or therapy management plan for compression stocking use, to include the following: 1. A statement of the type of services that will be provided 2. Documentation of specific resident instructions relation to the treatments or therapy administration. 3. Identification of treatment or therapy tasks that will be delegated to unlicensed personnel. 4. Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services. 5. Any resident specific requirements relating to documentation of treatment and therapy received.	01940			

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01940	Continued From page 15 Additionally, the treatment of compression stockings was not included on R1's service plan. On August 18, 2026, at 10:30 a.m., licensed assisted living director/registered nurse (LALD/RN)-B stated she was not aware that R1 had compression stockings and is aware of the need to add it to the resident's medical record, in addition to training the staff. The Licensee's Treatment and Therapy Management policy dated November 17, 2025, indicated the RN or licensed professional will prepare an individualized treatment or therapy management plan for each resident receiving ordered or prescribed treatments or therapy services. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940			
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the	01950			

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01950	Continued From page 16 proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record for the licensee's one resident (R1) who had an ordered treatment. 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 started receiving services on March 30, 2026, with a diagnosis of bipolar disorder and low back pain. On August 18, 2026, at 9:00 a.m., the surveyor observed owner/unlicensed personnel O/ULP-A assist R1 with putting on compression stockings (used to reduce swelling and improve circulation in the lower extremities). On August 18, 2026, at 10:00 a.m., O/ULP-A	01950			

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01950	Continued From page 17 stated R1 does not always want her compression stockings on; only when she feels her legs swelling, and then R1 will ask for assistance with putting them on, and she usually wants them on three times a week. R1's Master Care Plan dated July 12, 2026, indicated R1 needed assistance with bathing, dressing, mobility, and grooming. R1's comprehensive assessment dated July 12, 2026, indicated she needed assistance with activities of daily living (ADLs), but it did not indicate that R1 used compression stockings and needed assistance with them. R1's Meds and Services Delivered form dated August 1, 2026, through August 17, 2026, indicated services provided were bathing assistance, dressing, grooming, light housekeeping, meal prep, and medication administration. The services delivered document did not include assistance with administration of compression stockings. On August 18, 2026, at 10:30 a.m., licensed assisted living director/registered nurse (LALD/RN)-B stated she was not aware that R1 had compression stockings and is aware of the need to have an MD order and to add to the resident's medical record, in addition to training the staff. The licensee's Treatment and Therapy Management policy dated November 17, 2025, indicated the RN or licensed professional will prepare an individualized treatment or therapy management plan for each resident receiving ordered or prescribed treatments or therapy services.	01950			

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01950	Continued From page 18 No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	01950			
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure written or electronically recorded orders were obtained for one of one resident (R1) using compression stockings. 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: During the entrance conference on August 17,	01970			

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01970	Continued From page 19 2026, at 9:30 a.m., licensed assisted living director/ registered nurse (LALD/RN)-B stated they provided medical and treatment services as ordered by a physician for all residents. R1 started receiving services on March 30, 2026, with diagnoses including bipolar disorder and low back pain. On August 18, 2026, at 9:00 a.m., the surveyor observed owner/unlicensed personnel O/ULP-A assist R1 with putting on compression stockings (used to reduce swelling and improve circulation in the lower extremities). On August 18, 2026, at 10:00 a.m., O/ULP-A stated R1 does not always want her compression stockings on; only when she feels her legs swelling, and then R1 will ask for assistance with putting them on. She usually wants them on three times a week. R1's Master Care Plan dated July 12, 2026, indicated R1 needed assistance with bathing, dressing, mobility, and grooming. R1's comprehensive assessment dated July 12, 2026, indicated she needed assistance with activities of daily living (ADLs) but did not include compression stockings or needed assistance with them. R1's record did not include a prescriber order for compression stockings. On August 18, 2026, at 10:30 a.m., LALD/RN-B stated she was not aware that R1 has compression stockings. LALD/RN-B further stated there must be an order to assist with the stockings and would reach out to R1's primary	01970			

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01970	Continued From page 20 doctor. The Licensee's Treatment and Therapy Management policy dated November 17, 2025, indicated the registered nurse (RN) or licensed health professional will obtain orders or prescriptions for all treatments and therapies. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970			
03090 SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure signage was posted at the main entry way with the statutory language required to disclose electronic monitoring activity, potentially affecting all residents, staff, and visitors of the licensee. 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	03090			

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03090	Continued From page 21 or has potential to affect a large portion or all the residents). The findings include: On August 17, 2026, at 10:00 a.m. during the facility tour, the surveyor noted the electronic sign posted at the entrance did not include the required language. On August 17, 2026, at 10:30 a.m., licensed assisted living director/registered nurse (LALD/RN)-B stated she was not aware their signage did not have the required language. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	03090			



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

Page: 1

Establishment Info

COMPANIONS OF COMFORT LLC
6892 175th St W
Farmington, MN 55024
Dakota County
Parcel:

Phone:

License Info

License: HFID 41542

Risk:
License:
Expires on:
CFPM: Zainab Mohamed
CFPM #: 55198; Exp: 12/21/2027

Inspection Info

Report Number: F1069261047
Inspection Type: Full - Joint
Date: 8/18/2026 Time: 10 am
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

Inspection was conducted by Joyce Figueroa and Peggy Spadafore (FPLS) in conjunction with Health Regulations Division (HRD) representative. Also met with the Nurse Evaluator, Tracey Fearon.

DISCUSSED:

- Employee Illness Policy and Log
- Sanitizer Use and Test Kits
- Cleaning/Sanitizing Food Contact Surfaces and Utensils
- High Temperature Sanitizing Dish Machine Temperature Verification
- Serving A Highly Susceptible Population (No Raw/Undercooked Animal Foods, No Unpasteurized Juice, Milk, Etc.)
- Vomit/Fecal Incident Clean Up Procedures
- Food Source
- Food Service Procedures

*REPORT WAS DISCUSSED WITH THE PERSON IN CHARGE AND WITH THE NURSE EVALUATOR ON SITE AT THE CONCLUSION OF THE INSPECTION.

*FLOORS ARE LINOLEUM WALLS ARE SMOOTH PAINTED DRYWALL WITH TILE BACKSPLASH, AND CEILING IS "POPCORN" TEXTURE. COUNTERTOPS ARE LAMINATE AND CABINETS ARE VARNISHED WOOD WITH HALLOW BASE. 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.

*KITCHEN HAS A 2-BASIN SINK. ONE BASIN IS DESIGNATED AS THE HAND-WASHING SINK. THIS BASIN MAY ONLY BE USED FOR HAND-WASHING PURPOSES.

*KITCHEN HAS RESIDENTIAL GRADE EQUIPMENT. ALL FOOD MUST BE PREPARED AND SERVED SAME-DAY.

*IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOOD-BORNE ILLNESS HOTLINE PHONE NUMBER TO THE RESIDENT. THE FOOD-BORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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 F1069261047 from 8/18/2026

Joyce J Figueroa

Zainab Mohamed
PIC

Joyce J Figueroa, MPH, MIDP, CSM,
Public Health Sanitarian 2
651-201-4395
joyce.figueroa@state.mn.us