Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 17, 2026

Licensee
1 on 1 Comprehensive Healthcare Solution LLC
8017 Van Buren Street Northeast
Spring Lake Park, MN 55432

RE: Project Number(s) SL41414001

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 June 23, 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,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41414	A. BUILDING: _____ B. WING _____	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 ON 1 COMPREHENSIVE HEALTHCARE SOLL	8017 VAN BUREN ST NE SPRING LAKE PARK, MN 55432

(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: SL41414001-0 On June 22, 2026, through June 23, 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 Provisional 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.	
0 700 SS=D	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or	0 700		

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0 700	Continued From page 1 electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure all residents' personal health and medical information was kept private for one resident (R2). 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 was admitted to the licensee and began receiving assisted living services on June 27, 2026. R2's Service Plan, dated June 27, 2026, indicated R2 received medication administration. On June 23, 2026, at 12:02 p.m., the surveyor observed unlicensed personnel (ULP)-C verify R2's medications. ULP-C then left the electronic medical charting system with information including residents name and medications open	0 700		

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0 700	Continued From page 2 on the computer charting system while ULP-C proceeded to another area of the facility to administer medications to R2. The surveyor observed one other resident to be present in the common areas where the computer was left unattended. On June 23, 2026, at 12:06 p.m., ULP-C stated, "I normally close the computer screen". On June 23, 2026, at 12:11 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated staff are trained to close the computer, the screen should not be left open. The licensee's Medication Education for Staff policy dated April 2, 2026, indicated medication records, medication administration records (MAR), and related documentation must be kept secure, accessed only by authorized personnel, and never left unattended in the common areas. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 700		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The	01640		

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01640	Continued From page 3 facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure a written service plan was revised and signed by the resident or resident representative to reflect the current services provided for one resident (R2). 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: R2 was admitted on June 27, 2025, and began receiving assisted living services. R2's signed Service Plan dated June 27, 2025, indicated R2 received assistance with bathing, dressing, grooming, incontinence care, behavior	01640		

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01640	Continued From page 4 management including agitation, anxiety, verbal aggression and depression, medication administration, transfers, sleep, and psychotropic side effect monitoring. R2's Service Recap Summary - Month, for June 2026, indicated R2 also received assistance with vital sign monitoring, safety checks, prosthetic device, stroke monitoring, therapeutic exercises, bowel movement monitoring, safety checks, socialization, housekeeping, behavior management including hoarding and self-isolation, medication set up, and vital sign monitoring. On June 23, 2026, at 10:45 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated he was not aware service plans needed to be updated with all service changes and had been updating all service plans annually. The licensee's Service Plan policy dated March 21, 2026, indicated the service plan must be revised, if needed, based on resident review and assessment. The service plan and all revisions are entered into the resident's clinical record, including notice of a change in a resident's fees when applicable. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and	01880		

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01880	Continued From page 5 substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prescription medications were securely locked in a substantially constructed compartment and permitted only authorized personnel to have access for one resident (R2). 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 the residents). The findings include: R2 was admitted to the licensee and began receiving assisted living services on June 27, 2026. R2's Service Plan dated June 27, 2026, indicated R2 received medication administration. On June 23, 2026, at 12:02 p.m., the surveyor observed unlicensed personnel (ULP)-C gather R2's medication bin from the locked medication closet and verify R2's medications to the medication administration record (MAR). ULP-C then left the medication bin that contained R2's medications unsecured in the main living room. The surveyor observed one other resident to be	01880		

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01880	Continued From page 6 present in the common areas where the medications were left unattended. On June 23, 2026, at 12:06 a.m., ULP-C stated she leaves resident's medication baskets out until she is done with medication pass. On June 23, 2026, at 12:11 a.m. clinical nurse supervisor /licensed assisted living director (CNS/LALD)-A stated staff are trained to secure medications. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) days.	01880		

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

1 on 1 Comprehensive Healthcare
8017 Van Buren St NE
Spring Lake Park, MN 55432
Anoka County
Parcel:

Phone:

License Info

License: HFID 41414

Risk:
License:
Expires on:
CFPM: Karlou Dorleh
CFPM #: 17603; Exp: 11/17/2028

Inspection Info

Report Number: F1013261036
Inspection Type: Full - Single
Date: 6/22/2026 Time: 01:10 PM
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

The inspection was completed with the operator then reviewed with MDH Nurse Evaluator L. Schwintek.

The establishment has a residential kitchen and serves food prepared on the same day. The kitchen has wood cabinets, vinyl floor, tile walls, granite counter top, and a smooth painted ceiling.

A two basin sink is located in the kitchen. One basin is designated for hand washing.

Residential dish machine is available to wash ware. The dish machine should be run on the sanitize/high temperature cycle.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, food storage, and food handling procedures.

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 F1013261036 from 6/22/2026

Jerry Malloy

Karlou Dorleh
Operator

Jerry Malloy,
Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@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

1 on 1 Comprehensive Healthcare
Spring Lake Park
County/Group: Anoka County

Inspection Info

Report Number: F1013261036
Inspection Type: Full
Date: 6/22/2026
Time: 01:10 PM

Food Temperature: Product/Item/Unit: Orange**; Temperature Process:** Cold-Holding
Location: Kitchen refrigerator at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Kitchen refrigerator at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cheese**; Temperature Process:** Cold-Holding
Location: Kitchen refrigerator at 41 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

1 on 1 Comprehensive Healthcare
Spring Lake Park
County/Group: Anoka County

Inspection Info

Report Number: F1013261036
Inspection Type: Full
Date: 6/22/2026
Time: 01:10 PM

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