

# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL367874650C

**Date Concluded:** October 10, 2022

**Name, Address, and County of Facility**

**Investigated:**

Comfort Care Group LLC  
9008 Vincent Avenue South  
Bloomington, MN 55431  
Hennepin County

**Facility Type:** Assisted Living Facility (ALF)

**Evaluator's Name:** Matthew Heffron, JD, EMT  
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36787</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/10/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMFORT CARE GROUP LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9008 VINCENT AVENUE SOUTH BLOOMINGTON, MN 55431</b>
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(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	<p><b>Initial Comments</b></p> <p>Initial comments *****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>HL367874650C</p> <p>On October 20, 2022, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were no residents receiving services under the provider ' s Assisted Living license.</p> <p>The following correction order is issued/orders are issued for #HL367874650C, tag identification 1240.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing 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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
01240 SS=F	<b>144G.57 Subd. 3 Commissioner's approval required prior to imp</b>	01240		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Minnesota Department of Health

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01240	<p>Continued From page 1</p> <p>(a) The plan shall be subject to the commissioner's approval and subdivision 6. The facility shall take no action to close the residence prior to the commissioner's approval of the plan. The commissioner shall approve or otherwise respond to the plan as soon as practicable.</p> <p>(b) The commissioner may require the facility to work with a transitional team comprised of department staff, staff of the Office of Ombudsman for Long-Term Care, and other professionals the commissioner deems necessary to assist in the proper relocation of residents.</p> <p>This MN Requirement is not met as evidenced by: Based on record review, the licensee closed the assisted living facility prior to the Minnesota Department of Health's (MDH's) approval of the licensee's closure plan. The licensee created and executed a relocation plan for an unknown number of residents, including transferring the residents to a new location, prior to notifying MDH.</p> <p>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 of the residents).</p> <p>The findings include:</p> <p>On April 11, 2022, at 6:23 p.m., the licensee contacted MDH via email and stated they would be closing their facility and had "transferred our</p>	01240		

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01240	<p>Continued From page 2</p> <p>clients to our other facility." The attached closure plan indicated the licensee "notified all case managers, designated representative and family members that required notification" and "transferred our clients to our other facility in Coon Rapids, with the exception of one client who found housing elsewhere with the assistance of his case manager." No copy of the notice to residents was provided.</p> <p>On April 12, 2022, at 10:20 a.m., MDH sent an email to the licensee indicating MDH had received the licensee's assisted living closure form, and the licensee was not to relocate any residents until the closure plan was approved, and that MDH would notify the licensee when the closure plan was approved.</p> <p>Review of MDH documentation on October 10, 2022, indicated that MDH had not approved the licensee's closure plan at any time. There was no further communication between the licensee and MDH after April 12, 2022.</p>	01240		