

STATE LICENSING COMPLIANCE REPORT

Report #: HL359803840C

Date Concluded: June 28, 2024

Name, Address, and County of Facility

Investigated:

Comfort Care Group LLC
219 106th Avenue NW
Coon Rapids, MN 55448
Anoka County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Matt 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, 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: 35980	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/28/2024
NAME OF PROVIDER OR SUPPLIER COMFORT CARE GROUP LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 219 106TH AVENUE NW COON RAPIDS, MN 55448			
(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>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482/144G.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>HL359803840C</p> <p>On June 27 and 28, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is 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 for HL359803840C, tag identification 1240.</p>	0 000	<p>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.</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	144G.57 Subd. 3 Commissioner's approval required prior to imp	01240			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35980	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/28/2024
NAME OF PROVIDER OR SUPPLIER COMFORT CARE GROUP LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 219 106TH AVENUE NW COON RAPIDS, MN 55448			
(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
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, the Office of Ombudsman for Mental Health and Developmental Disabilities, 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 interview and document 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 transferred residents to other locations based on the facility's eviction from their location, without submitting a closure plan or proposed resident notifications to 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 January 2, 2024, the licensee contacted MDH and stated the facility received an eviction notice</p>	01240			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35980	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/28/2024
NAME OF PROVIDER OR SUPPLIER COMFORT CARE GROUP LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 219 106TH AVENUE NW COON RAPIDS, MN 55448		
(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
01240	<p>Continued From page 2</p> <p>and requesting approval to move the license to a new location. MDH staff responded and indicated it was not possible to move the license to a different address, and the licensee needed to submit a closure form if he would be closing the assisted living facility operating at this location. No closure plan was received in response, and the licensee did not provide further information about the timeline for relocation of residents.</p> <p>Review of court records indicated an eviction hearing was held on November 15, 2023, with a Findings of Fact, Conclusions of Law, Order, and Judgment issued December 6, 2023. The court order indicated the licensee's lease for the building has expired and the landlord has issued a notice to vacate the building. On December 13, 2023, the enforcement of the eviction was stayed, pending an appeal. On January 16, 2024, the appeal was withdrawn and stay was vacated, pursuant to a settlement agreement between the parties.</p> <p>On May 9, 2024, MDH was contacted by Anoka County, indicating the licensee was working to relocate residents because the facility was no longer operating at the licensed location. MDH licensing staff contacted the landlord for the property, who stated the licensee had vacated the premises as of April 30, 2024.</p> <p>Review of MDH files indicated the licensee did not request approval of a closure plan at any point between the original January 2024 communication and the April 30, 2024, facility closure. In addition, although communication from Anoke County indicated the licensee relocated residents, MDH has not received a notification of providing services, any proposed resident notification of closure, or a notice of</p>	01240			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35980	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/28/2024
NAME OF PROVIDER OR SUPPLIER COMFORT CARE GROUP LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 219 106TH AVENUE NW COON RAPIDS, MN 55448			
(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
01240	<p>Continued From page 3</p> <p>completed closure form. As a result, MDH could not identify how many residents were relocated or whether they were relocated to safe locations.</p> <p>On June 27, 2024, MDH contacted the licensee and requested information regarding the eviction. The licensee responded with the requested documents and indicated availability for a phone conversation the next day.</p> <p>During an interview on June 28, 2024, at 1:33 p.m., the licensee stated after the eviction notice, he thought he had an agreement with the landlord for an additional two years, however, no new lease was signed. The licensee mentioned there were three residents, and then later mentioned a fourth resident as well. He stated he assisted two residents in relocating to temporary placements at other facilities owned by people he knew. He stated he intended to take them back if he could re-open, however, if he opened under a new license, he would not be eligible for reimbursement for residents under age 55. He stated he did not send a closure form to MDH.</p>	01240			