Electronically Delivered

October 20, 2026

Licensee
Comfort Living
2504 16th Avenue South
Minneapolis, MN 55404

RE: Project Number(s) SL36298016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 23, 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 - 0495 - 144g.41 Subdivision. 1 (13) - Minimum Requirements - $1,000.00
St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,500.00**. 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,

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 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
	36298	A. BUILDING: _____ B. WING _____	09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT LIVING	2504 16TH AVENUE SOUTH MINNEAPOLIS, MN 55404

(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: SL36298016-0 On September 22, 2026, through September 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 three residents; three receiving services under the Assisted Living Facility license. An immediate order for correction was identified on September 22, 2026, issued for SL36298016-0, tag identification 0495. During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain 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 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (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 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,	0 480		

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0 480	Continued From page 2 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 the 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 (FBEIR) dated September 22, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee on September 23, 2026.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 495 SS=I	144G.41 Subdivision. 1 (13) Minimum Requirements (13) provide staff access to an on-call registered nurse 24 hours per day, seven days per week. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure staff had access to a registered nurse (RN) twenty-four (24) hours per day, seven (7) days per week. This had the potential to affect all residents and staff. This practice resulted in a level three violation (a 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 of the residents). The findings include: On September 22, 2026, during the survey, the licensee had a census of three residents. The licensee's Employee List dated September 22, 2026, indicated clinical nurse supervisor (CNS)-A was hired on June 21, 2026. CNS-A was hired to provide assisted living services to residents and supervision of unlicensed personnel. There were no additional licensed nurses on the employee list.	0 495		

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0 495	Continued From page 4 The licensee's Position Description - Registered Nurse (RN) job description dated 2023, did not indicate the RN's availability requirements. R2 R2 was admitted to the licensee on June 9, 2020. R2's diagnoses included schizophrenia, uncontrolled diabetes mellitus with hypoglycemia and hypoglycemia coma status. R2's Addendum to Contract service plan dated September 22, 2026, indicated R2 received services including assistance with for bathing, bathing reminders, bedmaking, dressing AM, grooming, housekeeping, laundry, "laundry put away", manage behavior (agitation, anxiety, other mental needs, property destruction, repetitive, self-injurious, verbal aggression), manage symptoms (other mental health need, wandering) meals, medication administration, medication setup, record: blood glucose (BG), blood pressure, oxygen saturation, pulse, respiration, temperature, and weight, remove garbage, safety check, shopping and socialization. R2's provider orders signed June 29, 2026, included dapaglifozi for diabetes, haloperidol for agitation and psychosis, and olanzapine as an antipsychotic. R2's comprehensive assessment dated July 6, 2026, included a vulnerability assessment that indicated R2 had the following vulnerabilities: -impaired judgement; -intermittent confusion; -requires continuous 24/7 supervision and visual monitoring; -medication administration;	0 495		

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0 495	Continued From page 5 -routine wellness checks; and -exhibits paranoid and secretive behaviors causing safety concerns. R3 R3 was admitted to the licensee on July 8, 2022. R3's diagnoses included schizophrenia, post-traumatic stress syndrome, hypertension, traumatic brain injury, seizure disorder, brain tumor, and mood disorder. R3's Addendum to Contract service plan dated September 22, 2026, indicated R3 received services including assistance with ambulation, appointment reminder, bathing, dressing-AM, housekeeping, incontinence care, laundry, manage behaviors (agitation, anxiety, other mental health needs, repetitive, self-injurious, verbal aggression), manage symptom (wandering), medication administration, vital signs (blood pressure, oxygen saturation, pulse, respiration, temperature, weight), remove garbage, safety checks, socialization, toileting reminder, and transfers. R3's Provider Orders signed June 24, 2026, included aspirin for pain, atorvastatin for high cholesterol, benztropine for tremors, levetiracetam for seizure, levothyroxine for hypothyroidism, metformin for diabetes, olanzapine for anxiety/PTSD (post-traumatic stress disorder)/mood disorders, prednisone as a steroid, quetiapine as an antipsychotic, and zonisamide for epilepsy. R3's comprehensive assessment dated July 6, 2026, indicated R3 was at risk for abuse and at risk to abuse other vulnerable adults. It further indicated R3 had behaviors including verbal	0 495		

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0 495	Continued From page 6 aggression. On September 22, 2026, at 10:02, during the facility tour, the surveyor observed R3 in their room sleeping in their bed. R4 R4 was admitted to the licensee on April 20, 2026. R4's diagnoses included schizophrenia, major depressive disorder, PTSD, substance abuse, and latent tuberculosis. R4's Addendum to Contract service plan dated September 22, 2026, indicated R4 received services including assistance with appointment reminders, bathing reminder, deep room clean, dressing-AM, grooming, housekeeping, laundry, linen change, manage behaviors (agitation, anxiety, repetitive, verbal aggression), manage symptoms (depression, wandering), medication administration, vital signs (blood pressure, oxygen saturation, pain, pulse, respiration, temperature, weight), remove garbage, safety checks, and socialization. R4's Resident Profile for Medications dated June 21, 2026, indicated R4 was taking escitalopram for depression, multivitamin for vitamin deficiency, and vitamin d3 for vitamin D deficiency. R4's comprehensive assessment dated June 27, 2026, indicated R4 was vulnerable to abuse, and at risk to abuse other vulnerable adults. It further indicated R4 had behaviors including agitation, repetitive behaviors, verbal aggression, and other behavioral needs.	0 495		

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0 495	Continued From page 7 On September 22, 2026, at 10:45 a.m., owner/unlicensed personnel (O/ULP)-E stated they currently had one registered nurse (RN) who worked at the facility and they were currently searching for a backup RN because the licensee did not employ a backup nurse. On September 22, 2026, at 10:11 a.m., clinical nurse supervisor (CNS)-A stated they worked at two other facilities - one of which was an assisted living and the other a nursing home. CNS-A stated they worked at the nursing home every other weekend. CNS-A stated they worked in long term care, the transitional care unit (TCU) and the respiratory unit where they had a patient load of approximately 12 patients. CNS-A stated they were unsure if they would be able to leave the nursing home job if an emergency came up as it would depend on their co-workers. CNS-A further stated they were the only nurse working for the licensee. CNS-A stated they would be able to take calls from the licensee while they were working at the nursing home. On September 22, 2026, at 1:40 p.m., the surveyors notified CNS-A and O/ULP-E that the department would issue an immediate order for RN availability. CNS-A stated they were available by phone at their other job and could take phone calls when needed. The surveyor explained that, as a nurse, they accepted responsibility for an assignment within their scheduled work shift that could prevent them from being available to attend to the licensee's facility, if needed. CNS-A stated they had a nurse who previously worked at the facility that could support the licensee as a backup, however, O/ULP-E stated they were in the process of trying to hire back their previous nurse as a backup, but the previous nurse was currently not employed by the licensee.	0 495		

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0 495	Continued From page 8 The licensee's Staffing Plan dated June 24, 2026, indicated the licensee will have "one RN readily available to staff performing delegated services via phone, video, or other appropriate means during the time when staff is performing services. The Clinical Nursing Manager (RN) will be available 24 hours a day on call. The Assisted Living Director will be available as a backup if the RN is unavailable to consult right away. The phone numbers for the Administrator and RNs are available on the poster board at the houses entry." Minnesota Statute 144G.62 Subdivision 1. (a) indicated assisted living facilities must have a registered nurse available for consultation by staff performing delegated nursing tasks, and (b) the appropriate contact person must be readily available either in person, by telephone or other means to the staff at times when the staff are providing services. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 495		
0 570 SS=C	144G.42 Subdivision 1 Display of license The original current license must be displayed at the main entrance of each assisted living facility. The facility must provide a copy of the license to any person who requests it. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to display the current license at the main entrance of the assisted living facility as required.	0 570		

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0 570	Continued From page 9 This had the potential to affect all residents, staff, and visitors. 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 22, 2026, at 10:02 a.m., during the facility tour with owner/unlicensed personnel (O/ULP)-E, the surveyor observed the licensee lacked a posting of their current license in a prominent location. The surveyor observed the current license posted on the wall in O/ULP-E's office. O/ULP-E stated the office was not always accessible to residents/visitors as the office was kept locked when staff were not in the office. On September 23, 2026, at 10:30 a.m., O/ULP-E and licensed assisted living director (LALD)-D both stated the office was the only place where the license was posted and residents and visitors were not normally permitted in the office without staff. O/ULP-E stated they would move the license out of the office and post it along with their other postings in the common area of the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 570		

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0 730	Continued From page 10	0 730		
0 730 SS=F	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 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	0 730		

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0 730	Continued From page 11 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 three of three residents (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: R2 R2 was admitted to the licensee on June 9, 2020. R2's Addendum to Contract-Waiver-MN service plan dated September 8, 2026, indicated R2 received services for bathing assistance, bathing reminders, bed making, dressing AM, grooming, housekeeping, laundry, laundry put away, manage behavior (agitation, anxiety, other mental health need, property destruction, repetitive, self-injurious, verbal aggression), manage	0 730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36298	A. BUILDING: _____ B. WING _____	09/23/2026

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COMFORT LIVING	2504 16TH AVENUE SOUTH MINNEAPOLIS, MN 55404

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0 730	Continued From page 12 symptoms (other mental health need, wandering), meal assistance, medication administration, medication setup, record (blood glucose (BG), blood pressure, oxygen saturation, pulse, respiration, temperature and weight), safety checks, shopping assistance, and socialization. R2's Service Recap Summary for September 2026 indicated the licensee lacked documentation of services being provided for the following services and dates: -bathing assistance, September 15; -dressing, September 13, 15; -grooming, September 15; -housekeeping, September 15; -manage behavior - agitation; September 15; -manage behavior - anxiety; September 15; -manage behavior - property destruction; September 15; -manage behavior - repetitive; September 15; -manage behavior - self injurious; September 15; -manage behavior - verbal; September 15; -manage symptom - other mental health needs, September 17; -manage symptom - wandering, September 15; -meal assistance, September 15; -medication administration, September 15; -remove garbage, September 15; -safety check, September 13, 15; and -socialization, September 15. On September 23, 2026, at 7:09 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications for R2. R3 R3 was admitted to the licensee on July 8, 2022. R3's Addendum to Contract-Waiver-MN service plan dated September 8, 2026, indicated R3	0 730		

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COMFORT LIVING	2504 16TH AVENUE SOUTH MINNEAPOLIS, MN 55404

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0 730	Continued From page 13 received services for ambulation, appointment reminders, bathing assistance, dressing AM, housekeeping, incontinence care, laundry, laundry put away, manage behavior (anxiety, other mental health need, repetitive, self-injurious, verbal aggression), manage symptoms for wandering, medication administration, record (blood pressure, oxygen saturation, pulse, respiration, temperature, weight), remove garbage, safety check, socialization, toileting reminder, and transfer assistance. R3's Service Recap Summary for September 2026 indicated the licensee lacked documentation of services being provided for the following services and dates: -ambulation September 14; -dressing AM, September 14: -grooming, September 17; -incontinence care, September 13, 17; -manage behavior - anxiety, September 15; -manage behavior - other mental health needs, September 15; -manage behavior - repetitive, September 15; -manage behavior - self-injurious, September 15; -manage behavior - verbal, September 15; -manage symptom - wandering, September 15; -remove garbage, September 15; -safety check, September 13-15; -socialization, September 13; -toileting reminder, September 13-15; and -transfer assistance, September 13, 15. On September 22, 2026, at 12:00 p.m., the surveyor observed ULP-B assisting R3 with ambulation and cooking their lunch. R4 R4 was admitted to the licensee on April 20,	0 730		

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0 730	Continued From page 14 2026. R4's Addendum to Contract-Waiver-MN service plan dated September 8, 2026, indicated R4 received services for appointment reminders, bathing reminders, deep room clean, dressing AM, grooming, housekeeping, laundry, linen change, manage behavior (agitation, anxiety, repetitive, verbal aggression), manage symptoms (depression, wandering), medication administration, record (blood pressure, oxygen saturation, pain, pulse, respiration, temperature, weight), remove garbage, safety check, and socialization. R4's Service Recap Summary for September 2026 indicated the licensee lacked documentation of services being provided for the following services and dates: -appointment reminders, September 17; -manage behavior - other mental health needs, September 17; -medication administration 17-22; and -safety checks, September 13. On September 22, 2026, at 12:00 p.m., the surveyor observed ULP-B cooking lunch for R4. On September 23, 2026, at 10:30 a.m., clinical nurse supervisor (CNS)-A stated ULPs should always document service administration. CNS-A stated if a resident declines a service or is out of the facility the staff should document it instead of leaving it blank. Owner/ULP (O/ULP)-E stated Residex (charting software) was still fairly new to staff and staff may need further education. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 730		

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0 730	Continued From page 15 (21) days	0 730		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated September 22 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		

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0 790	Continued From page 16	0 790		
0 790 SS=F	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated September 22 2026, for the specific violations related the physical environment under Minnesota	0 790		

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0 790	Continued From page 17 Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790		
0 800 SS=C	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated	0 800		

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0 800	Continued From page 18 September 22 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
01470 SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and	01470		

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01470	Continued From page 19 (9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees completed required orientation before providing services for one of three unlicensed direct care employees (owner/unlicensed personnel (O/ULP)-E). 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	01470		

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01470	Continued From page 20 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: O/ULP-C was hired on June 1, 2020, and provided direct care services to residents. O/ULP-E's employee record lacked required orientation training for the following topics: -overview of assisted living statutes; -handing of resident complaints, reporting of complaints, and where to report; -consumer advocacy services; and -initial 8 hours of dementia. On September 22, 2026, at 9:55 a.m., O/ULP-E stated they provide direct care services to residents. On September 23, 2026, at 9:26 a.m., O/ULP-E stated some of his orientation was done on paper as the facility did not always have Educare (online training platform). On September 23, 2026, at 9:59 a.m., O/ULP-E stated he was unable to locate any additional training completed. O/ULP-E stated the required orientation training for himself was not completed. O/ULP-E stated he was responsible for assigning and monitoring required training. The licensee's Staff Orientation and Education policy dated August 1, 2021, indicated the following: "Orientation topics will include, but not be limited	01470		

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01470	Continued From page 21 to, the following a. Overview of Minnesota Assisted Living Statute 144G and Minnesota Rules Chapter 4659 b. Review of the employee's job description and responsibilities c. Introduction to and review of the organization's policies and procedures related to the provision of assisted living services by the individual staff person related to the provision of assisted living services by the individual staff person d. Handling of emergencies and the use of emergency services e. Compliance with Minnesota's Vulnerable Adult (Sections 626.266 and 5572), including requirements based on the organizational policy, identification of incidents of maltreatment (abuse, financial exploitation and neglect) and that ay act that constitutes maltreatment is prohibited f. The Assisted Living Bill of Rights and the employee's responsibilities to ensure the exercise and protection of those rights g. The principles of person-centered planning and service delivery and how they apply to direct support services provided by staff h. Grievance Policy/Process, including reports to the Office of Health Facility Complaints i. Consumer advocacy services, including i. Office of Ombudsman for Long-Term-Care ii. Office of Ombudsman for Mental Health and Developmental Disabilities iii. Managed Care Ombudsman at the Department of Human Services iv. County managed care advocates v. Other advocacy services j. The types of assisted living services the employee will be providing based	01470		

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01470	Continued From page 22 category of licensure k. The organizational chart and roles of staff within the facility." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01500 SS=F	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures	01500		

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01500	Continued From page 23 relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment on required annual training topics for two of two employees who were employed more than 12 months (unlicensed personnel (ULP)-C, owner/unlicensed personnel (O/ULP)-E). This practice resulted in a level two violation (a	01500		

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01500	Continued From page 24 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: ULP-C ULP-C was hired on April 22, 2022, to provide direct care to residents. On September 23, 2026, at 7:09 a.m., the surveyor observed ULP-C administer medication for R2. ULP-C's employee record included an Educare (online training platform) transcript which lacked evidence that annual training was completed for the following required topics: -reporting maltreatment of vulnerable adults or minors; -assisted living bill of rights; -infection control techniques; and -principles of person-centered planning/service delivery. O/ULP-E O/ULP-C was hired on June 1, 2020, and provided direct care services to residents. O/ULP-C 's employee record included an Educare transcript which lacked evidence that annual training was completed for the following required topics: -reporting maltreatment of vulnerable adults; and -infection control.	01500		

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01500	Continued From page 25 On September 23, 2026, at 9:59 a.m., O/ULP-E stated he was unable to locate any additional annual training completed for himself or ULP-C, and that the required annual trainings were not completed for himself or ULP-C. O/ULP-E stated he was responsible for assigning and monitoring required training, and he was unsure if the training modules were assigned but not completed or if they were not assigned. O/ULP-E stated he was going to follow up on the training but did not state how often he monitors the required training. The licensee's Staff Orientation and Education dated August 1, 2021, indicated the following: "12. All staff providing assisted living services will complete at least eight (8) hours of education for every twelve (12) months of employment, 13. Education topics will include but not limited to, the following a. Reporting maltreat of adults b. Review of Assisted Living Bill of Rights and staff responsibilities related to ensuring the exercise and protection of those rights c. Review of the organization policies and procedures related to provision of assisted living services and how to implement them d. Infection control techniques used in the home i. Implementation of infection control standards based on current recommendations per the CDC***** ii. Hand washing techniques iii. Need for/use of personal protective equipment (PPE), including: 1. Gloves 2. Gowns 3. Masks iv. Appropriate disposal of contaminated materials and equipment,	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36298	A. BUILDING: _____ B. WING _____	09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT LIVING	2504 16TH AVENUE SOUTH MINNEAPOLIS, MN 55404

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01500	Continued From page 26 such as dressings, needles, syringes and razor blades v. Disinfection of reusable equipment vi. Disinfection of environmental surfaces vii. Reporting of communicable diseases e. Effective approaches to use to problem solve when working with a resident's challenging behaviors and how to communicate with residents who have dementia, Alzheimer's Disease or related disorders f. The principles of person-centered planning and service delivery and how they apply to direct support services provided by staff." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		
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 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	01640		

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01640	Continued From page 27 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 observation, interview, and record review, the licensee failed to obtain signatures on current service plans for three of three residents (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: R2 R2 was admitted to the licensee on June 9, 2020. R2's Addendum to Contract-Waiver-MN service plan signed and dated June 2, 2026, indicated R2 received services for bathing reminders, bed making, dressing AM, grooming, housekeeping, laundry, laundry put away, manage behavior (agitation, anxiety, property destruction, repetitive, self-injurious, verbal aggression), manage symptoms (other mental health need, wandering), medication administration, record (blood glucose (BG), blood pressure, oxygen saturation, pulse, respiration, temperature and weight), remove garbage, safety checks, and symptom screen	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01640	Continued From page 28 one. R2's Addendum to Contract-Waiver-MN service plan dated September 8, 2026, signed on September 22, 2026, during the survey, indicated R2 received services for bathing assistance, bathing reminders, bed making, dressing AM, grooming, housekeeping, laundry, laundry put away, manage behavior (agitation, anxiety, other mental health need, property destruction, repetitive, self-injurious, verbal aggression), manage symptoms (other mental health need, wandering), meal assistance, medication administration, medication setup, record (blood glucose (BG), blood pressure, oxygen saturation, pulse, respiration, temperature and weight), safety checks, shopping assistance, and socialization. On September 23, 2026, at 7:09 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications for R2. R3 R3 was admitted to the licensee on July 8, 2022. R3's Addendum to Contract-Waiver-MN service plan signed and dated July 28, 2025, indicated R3 received services for appointment reminders, bathing assistance, dressing AM, grooming, housekeeping, incontinence care, laundry, laundry put away, manage behavior (anxiety, other mental health need, repetitive, self-injurious, verbal aggression), manage symptoms for wandering, medication administration, position/re-position, record (blood pressure, oxygen saturation, pulse, respiration, temperature, weight), remove garbage, safety check, socialization, symptom screening, and transfer assistance.	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36298	A. BUILDING: _____ B. WING _____	09/23/2026

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COMFORT LIVING	2504 16TH AVENUE SOUTH MINNEAPOLIS, MN 55404

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01640	Continued From page 29 R3's Addendum to Contract-Waiver-MN service plan dated September 8, 2026, signed on September 22, 2026, during the survey, indicated R3 received services for ambulation, appointment reminders, bathing assistance, dressing AM, housekeeping, incontinence care, laundry, laundry put away, manage behavior (anxiety, other mental health need, repetitive, self-injurious, verbal aggression), manage symptoms for wandering, medication administration, record (blood pressure, oxygen saturation, pulse, respiration, temperature, weight), remove garbage, safety check, socialization, toileting reminder, and transfer assistance. On September 22, 2026, at 12:00 p.m., the surveyor observed ULP-B assisting R3 with ambulation and cooking their lunch. R4 R4 was admitted to the licensee on April 20, 2026. R4's Addendum to Contract-Waiver-MN service plan signed and dated June 2, 2026, indicated R4 received services for bathing reminders, dressing AM, grooming, housekeeping, manage behavior (agitation, anxiety, repetitive, verbal aggression), manage symptoms (other mental health needs, wandering), medication administration, and safety checks. R4's Addendum to Contract-Waiver-MN service plan dated September 8, 2026, signed on September 22, 2026, during the survey, indicated R4 received services for appointment reminders, bathing reminders, deep room clean, dressing AM, grooming, housekeeping, laundry, linen	01640		

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COMFORT LIVING	2504 16TH AVENUE SOUTH MINNEAPOLIS, MN 55404

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01640	Continued From page 30 change, manage behavior (agitation, anxiety, repetitive, verbal aggression), manage symptoms (depression, wandering), medication administration, record (blood pressure, oxygen saturation, pain, pulse, respiration, temperature, weight), remove garbage, safety check and socialization. On September 22, 2026, at 12:00 p.m., the surveyor observed ULP-B cooking lunch for R4. On September 23, 2026, at 10:30 a.m., clinical nurse supervisor (CNS)-A stated updated service plans for R2, R3 and R4 were signed yesterday, September 22, 2026, during survey. CNS-A stated they had updated the service plans but did not obtain a signature. CNS-A stated they were aware of the requirement to obtain up-to-date signatures when there were changes to the residents' services. The licensee's Service Plan dated August 1, 2021, indicated: "4. The initial service plan and any revisions are signed by a representative from [Licensee] and the resident or resident's representative, indicating agreement with the services to be provided." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the	01760		

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01760	Continued From page 31 resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure staff documented medication administration for one of three residents (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 on June 9, 2020. R2's Addendum to Contract-Waiver-MN service plan signed and dated June 2, 2026, indicated R2 received services for bathing reminders, bed making, dressing AM, grooming, housekeeping, laundry, laundry put away, manage behavior (agitation, anxiety, property destruction, repetitive,	01760		

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01760	Continued From page 32 self-injurious, verbal aggression), manage symptoms (other mental health need, wandering), medication administration, record (blood glucose (BG), blood pressure, oxygen saturation, pulse, respiration, temperature and weight), remove garbage, safety checks and symptom screen one. R2's Addendum to Contract-Waiver-MN service plan dated September 8, 2026, signed on September 22, 2026, during the survey, indicated R2 received services for bathing assistance, bathing reminders, bed making, dressing AM, grooming, housekeeping, laundry, laundry put away, manage behavior (agitation, anxiety, other mental health need, property destruction, repetitive, self-injurious, verbal aggression), manage symptoms (other mental health need, wandering), meal assistance, medication administration, medication setup, record (blood glucose (BG), blood pressure, oxygen saturation, pulse, respiration, temperature and weight), safety checks, shopping assistance and socialization. R2's Med Admin Summary (medication administration record (MAR)) for September 2026, lacked the following documentation: -haloperidol 1 milligram (mg) tablet, take three tablets (3mg) by mouth (PO) at bedtime; lacked documentation on September 15; -metformin 500mg extended release (ER) tablet, take two tablets PO twice daily; lacked documentation on September 15; and -olanzapine 15mg tablet, take one tablet PO every night at bedtime; lacked documentation on September 15. On September 23, 2026, at 7:09 a.m., the surveyor observed unlicensed personnel (ULP)-C	01760		

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01760	Continued From page 33 administer metformin for R2. On September 23, 2026, at 10:30 a.m., clinical nurse supervisor (CNS)-A stated updated R2's MAR should not be missing documentation. CNS-A stated they were aware of the requirement to obtain up-to-date signatures when there were changes to a residents services. Owner/ULP (O/ULP)-E stated Residex (charting software) was still fairly new to staff and may need further education. The licensee's Medication Documentation policy dated August 1, 2021, indicated: "1. Complete documentation of medication administration includes the following a. Resident name b. Medication name c. Medication dosage d. Date and time of administration e. Method/route of administration f. Signature and Title of staff administering the medication 2. If the administration of one or more medications was not completed, staff will document the following a. The reason why the medication was not administered b. Follow up procedures to meet the resident's needs in compliance with Medication Management Plan c. Appropriate notification to RN Supervisor or other persons as instructed regarding missed dosages d. Medication Error report, if appropriate." No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01760		

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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

COMFORT LIVING INC
2504 16TH AVENUE SOUTH
Minneapolis, MN 55404
Hennepin County
Parcel:

Phone: 612-245-0495

comfortlivingmn@gmail.com

License Info

License: HFID 36298

Risk:
License:
Expires on:
CFPM: ABDIRIZAK MOHAMED ADAN
CFPM #: 67899; Exp: 4/3/2029

Inspection Info

Report Number: F1029261338
Inspection Type: Full - Single
Date: 9/22/2026 Time: 12:15:50 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 2
Total Priority 2 Orders: 3
Total Priority 3 Orders: 8
Delivery:

! **New Order: 3-100 Food Characteristics: unadulterated**
3-101.11 *Priority Level: Priority 1 CFP#: 13*
MN Rule 4626.0125 Remove all unsafe and adulterated foods from the premises.
COMMENT: ROTTEN POTATOES PRESENT. PIC INSTRUCTED TO REMOVE FROM ESTABLISHMENT AND TO ENSURE STAFF ARE WATCHFUL FOR SIGNS OF SPOILAGE AND CONTAMINATION.
Comply By: 9/22/2026 Originally Issued On: 9/22/2026

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-307.11 *Priority Level: Priority 3 CFP#: 39*
MN Rule 4626.0337 Protect food from miscellaneous sources of contamination.
COMMENT: RODENT DROPPINGS IN CABINETS WITH POTS AND PANS. DISCONTINUE STORING EQUIPMENT AND UTENSILS IN AREAS WITH RODENT ACTIVITY AND DROPPINGS.
Comply By: 9/22/2026 Originally Issued On: 9/22/2026

New Order: 4-100 Equipment Construction Materials
4-101.18 *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0493 Discontinue using cleaning aids or utensils that can scratch or scour the nonstick coating of pots, pans, griddles, cookie sheets, waffle makers and other cookware.
COMMENT: DEGRADED AND FLECKING NONSTICK COOKWARE. PIC INSTRUCTED TO REMOVE FROM ESTABLISHMENT AND TO USE UTENSILS AND CLEANING AIDS ON FUTURE NONSTICK SURFACES THAT WILL NOT CAUSE DAMAGE.
Comply By: 9/22/2026 Originally Issued On: 9/22/2026

New Order: 4-100 Equipment Construction Materials
4-101.19 *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0495 Remove non-food-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling, or that require frequent cleaning, that are not constructed of a corrosion-resistant, non-absorbent, and smooth material.
COMMENT: DEGRADED COUNTERTOPS, CABINETRY, AND DRAWERS WITH EXPOSED ABSORBENT COMPOSITIONS. PIC INSTRUCTED TO REMOVE, ADJUST, OR REPLACE TO ENSURE THE SURFACES ARE COVERED WITH OR COMPOSED OF CORROSION-RESISTANT, NON-ABSORBENT, AND SMOOTH MATERIAL, SUCH AS A HIGH PRESSURE LAMINATE.
Comply By: 1/29/2027 Originally Issued On: 9/22/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.13B *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
COMMENT: ESTABLISHMENT'S THERMAL STICKERS FAULTY. PIC INSTRUCTED TO MAINTAIN WORKING SUPPLY OF THERMAL STICKERS/TAGS OR A MIN/MAX IRREVERSIBLE THERMOMETER TO VERIFY HIGH HEAT SANITIZING TEMPERATURES.
Comply By: 9/25/2026 Originally Issued On: 9/22/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: ESTABLISHMENT WITHOUT CHLORINE TEST STRIPS TO VERIFY CL SANITIZER CONCENTRATIONS OF 50-200 PPM. SMALL TEST STRIP SUPPLY PROVIDED WITH MIXING INSTRUCTIONS AND AN IMAGE OF THE COLOR CONCENTRATION CHART ON THE TEST STRIP TUBE. PIC INSTRUCTED TO OBTAIN TEST STRIP SUPPLY FOR ESTABLISHMENT.
Comply By: 9/25/2026 Originally Issued On: 9/22/2026

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT: ACCUMULATION OF DEBRIS AND RESIDUES IN DRAWERS AND CABINETRY. PIC INSTRUCTED TO CLEAN AND MAINTAIN CLEAN.

RODENT DROPPINGS IN CABINETRY WITH POTS AND PANS. PIC INSTRUCTED TO SAFELY REMOVE DROPPINGS, AND CLEAN AND SANITIZE SURFACES.
Comply By: 9/22/2026 Originally Issued On: 9/22/2026

! **New Order: 4-700 Sanitizing Equipment and Utensils**
4-702.11 *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.
COMMENT: ESTABLISHMENT NOTED AS NOT HAVING A 3-COMPARTMENT SINK SYSTEM OR HIGH HEAT DISHWASHER TO SANITIZE EQUIPMENT AND UTENSIL SINCE 7/29/24. MINIATURE COMFEE PORTABLE DISHWASHER NOW PRESENT BUT TOO SMALL TO ACCOMMODATE LARGER COOKING VESSELS USED IN THE FOOD SERVICE.

PIC INDICATED THE ESTABLISHMENT WOULD PROVIDE A FULL SIZE HIGH HEAT SANITIZING DISHWASHER INSTEAD OF INSTALLING A 3-COMPARTMENT SINK. PIC INSTRUCTED TO CONTINUE TO USE THE MINIATURE DISHWASHER TO SANITIZE SMALLER EQUIPMENT AND TO USE A LARGE BASIN/BIN FILLED WITH SANITIZER SOLUTION TO SANITIZE THE LARGER COOKING EQUIPMENT UNABLE TO FIT INTO THE DISHWASHER, AS A SHORT-TERM REMEDY UNTIL THE FULL SIZE HIGH HEAT SANITIZING DISHWASHER IS PRESENT IN THE KITCHEN.

LIQUID SODIUM HYPOCHLORITE PRESENT TO HAND MIX SANITIZER SOLUTION BUT TEST STRIPS ABSENT. SMALL SUPPLY OF CL TEST STRIPS PROVIDED TO PIC, ALONG WITH MIXING INSTRUCTIONS TO ENSURE THE CL FOOD CONTACT SURFACE SANITIZER IS 50-200 PPM. PIC PROVIDED WITH IMAGE OF CONCENTRATION COLOR CHART FOR CL TEST STRIPS.

RODENT DROPPINGS NESTED WITH POTS AND PANS IN CABINETRY. PIC INSTRUCTED TO REMOVE EQUIPMENT FROM AREA, AND CLEAN AND SANITIZE.
Comply By: 1/29/2027 Originally Issued On: 9/22/2026

New Order: 4-900 Protecting Clean Items
4-901.11 *Priority Level: Priority 3 CFP#: 44*
MN Rule 4626.0935 Allow equipment and utensils to air-dry after cleaning and sanitizing; only use cloths that are clean and dry for polishing utensils that have been air dried.
COMMENT: EQUIPMENT AND UTENSILS STORED WET. PIC INSTRUCTED TO ALLOW ITEMS TO FULLY AIR DRY PRIOR TO STORING.
Comply By: 9/22/2026 Originally Issued On: 9/22/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.11 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1515 Maintain the physical facilities in good repair.
COMMENT: FLOORS AND WALLS IN DISREPAIR. PIC INSTRUCTED TO REPAIR OR REPLACE TO BE SMOOTH, DURABLE, EASILY CLEANABLE, AND NON-ABSORBENT.
Comply By: 1/29/2027 Originally Issued On: 9/22/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.111ABD *Priority Level: Priority 3 CFP#: 38*
MN Rule 4626.1565ABD Provide control of insects, rodents, and other pests by routinely inspecting incoming food and supply shipments; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.
COMMENT: PRODIGIOUS AMOUNT OF RODENT DROPPINGS PRESENT. KITCHEN MILLWORK AND SURFACES SUBSTANTIALLY DEGRADED AND POTENTIALLY PROVIDING PEST ENTRANCE/EXIT POINTS AND HARBORAGE SPACES. RODENT DROPPINGS NOTED AS IDENTIFIED ON 7/29/24. PIC INSTRUCTED TO REPAIR OR REPLACE AREAS OF DISREPAIR TO REDUCE AND ELIMINATE RODENT POPULATION FROM ESTABLISHMENT.
Comply By: 1/29/2027 Originally Issued On: 9/22/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.111C *Priority Level: Priority 2 CFP#: 38*
MN Rule 4626.1565C Use approved trapping devices or other means of pest control when pests are found.
COMMENT: ABUNDANCE OF FLIES. SUBSTANTIAL AMOUNT OF RODENT DROPPINGS IN BACK LOWER CABINETRY BEHIND POTS AND PANS AND BETWEEN OVEN AND CABINET-COUNTER. RODENT DROPPINGS ALSO NOTED AS PRESENT ON 7/29/24.

PIC STATED THE ESTABLISHMENT EMPLOYS A PROFESSIONAL PEST CONTROL COMPANY. PIC INSTRUCTED TO INCREASE PEST CONTROL FREQUENCY AND RIGOR TO REDUCE AND ELIMINATE PESTS FROM THE FOOD AND BEVERAGE OPERATION.
Comply By: 10/2/2026 Originally Issued On: 9/22/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
COMMENT: ACCUMULATION OF GREASE AND RESIDUES ON WALLS AND CEILING. AREAS OF CEILING WITH GREASE AND RESIDUE BUILDUP NOT CLEANABLE DUE TO BEING HIGHLY TEXTURED AND NOT DURABLE. AREAS OF WALLS WITHOUT CLEANABLE CHARACTERISTICS DUE TO COMPOSITION. PIC INSTRUCTED TO MAKE CEILING AND WALLS SMOOTH, DURABLE, AND NON-ABSORBENT AND TO SUBSEQUENTLY CLEAN AND MAINTAIN THEM CLEAN AND IN GOOD CONDITION.
Comply By: 1/29/2027 Originally Issued On: 9/22/2026

Food & Beverage General Comment

Surveyors: Nancy Kimmes, RN, Nursing Evaluator, and Joey Keen, BSEd, RN, State Nurse Evaluator.

Food and beverage inspection conducted as part of HRD survey of ALF.

Establishment residential in nature with laminated floor, wood/composite wood cabinetry partially covered in laminates and/or paint, textured popcorn ceiling, and painted walls.

Food safety and foodborne illness risk factors reviewed with establishment's Person in Charge (PIC).

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 F1029261338 from 9/22/2026

Trevor McCliment

ABDIRIZAK ADAN
PERSON IN CHARGE

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957
trevor.mccliment@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

COMFORT LIVING INC
Minneapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1029261338
Inspection Type: Full
Date: 9/22/2026
Time: 12:15:50 PM

New Record: Product/Item/Unit: milk**; Temperature Process:** Cold-Holding
Location: fridge at 38 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

COMFORT LIVING INC
Minneapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1029261338
Inspection Type: Full
Date: 9/22/2026
Time: 12:15:50 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Greater Than** 160 Degrees F.
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL36298016-0	**Date:** 9/22/2026
Facility Name: Comfort Living Inc	
Facility Address: 2504 16th Ave S, Minneapolis, MN 55404	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice. Means of egress shall remain free of any material or matter where its presence would obstruct or render the means of egress hazardous. No combustible material storage is allowed in the corridors or exit stairs. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.3]

   Comments: Outside of resident room 5's door there was a couch obstructing the egress path.

3. Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used. [Minn. Stat. 144G.45 subd. 2; MSFC 604.1]

   Comments: In the facility office on the east wall there was an outlet not secured to the wall.

4. Single- and multiple-station smoke alarms shall be replaced when they fail to respond to operability tests or exceed ten years from the date of manufacture. Smoke alarms shall be replaced with smoke alarms having the same type of power supply. [Minn. Stat. 144G.45 subd. 2; MSFC 1103.8.1]

   Comments: The smoke alarm on the 2nd floor near the stairs was not mounted correctly, screws were going through the device into the ceiling and not using a mounting plate. This smoke alarm did not function when tested.

☒ **TAG IDENTIFICATION: 0790**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Portable fire extinguishers installed and maintained to MN State Fire Code. [Minn. Stat. 144G.45 subd.2]

   Comments: Upon inspection of the fire extinguishers, it was observed that the monthly inspections were not completed.

   The fire extinguisher in the basement was not mounted, it was sitting on a shelf.

☒ **TAG IDENTIFICATION: 0800**

SCOPE/ SEVERITY: Level 1; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

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1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

   Comments: In the 2nd floor bathroom, the drywall above the shower was damaged and the window screen had a large hole

   The lower part door leading to the 2nd floor deck was rotting on the exterior side.