Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

August 23, 2024

Administrator
COMFORT HEALTH
2746 SUPERIOR DR NW SUITE 200
ROCHESTER, MN 55901

Re: Event ID: 63971-H1

Dear Administrator:

A survey of the Home Care Provider named above was completed on August 14, 2024, for the purpose of assessing compliance with State licensing regulations. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of the requirements under Minnesota Statutes Sections 144A.43 to 144A.482.

Attached is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247161	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT HEALTH	2746 SUPERIOR DR NW SUITE 200 , ROCHESTER, Minnesota, 55901

(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) COMPLETION DATE
E0000	Initial Comments A survey for compliance with CMS Appendix Z Emergency Preparedness Requirements, was conducted on 8/13/24-8/14/24 during a recertification survey. The facility is in compliance with the Appendix Z Emergency Preparedness Requirements.	E0000		
G0000	INITIAL COMMENTS On 8/13/24-8/14/24 a recertification survey was conducted. This resulted in a standard survey at Comfort Health. The agency was found to have met the requirements at 42 CFR. Part 484 for Home Health Agencies. Unduplicated census previous 12 months: 228 Total home visits conducted: 3 Parent location visited: 2746 Superior Drive NW Suite 200, Rochester, MN 55901 List Hours of Operation: 8:00 a.m.-5:00 p.m. List total number of records reviewed: 7 In addition to the recertification, the following complaints were reviewed. As a result: No deficiency was issued for complaints H71616883C (MN105093), H71616882C (MN107128), H71616881C (MN107911).	G0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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August 23, 2024

Administrator
COMFORT HEALTH
2746 SUPERIOR DR NW SUITE 200
ROCHESTER, MN 55901

RE: Event ID: 63971-H1

Dear Administrator:

On August 14, 2024, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal certification regulations requirements. The survey revealed that your facility was in substantial compliance with participation requirements and no deficiencies were cited. The findings from this survey are documented on the electronically delivered form CMS 2567.

No additional action is required on the facility's part. Thank you for your cooperation.

Please feel free to call me with any questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900

625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **08/14/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT HEALTH	**2746 SUPERIOR DR NW SUITE 200 , ROCHESTER, Minnesota, 55901**

(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) COMPLETION DATE
00000	Initial Comments On 8/13/24-8/14/24 a recertification and complaint survey was conducted. No licensing orders were issued during this survey. In addition to the recertification, the following complaints were reviewed. As a result: No deficiency was issued for complaints H71616883C (MN105093), H71616882C (MN107128), H71616881C (MN107911).	00000		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE