



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 15, 2024

Licensee

1 On 1 Comprehensive Healthcare Solution, LLC
1467 95th Place North
Maple Grove, MN 55369

RE: Project Number(s) SL39571015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on March 7, 2024, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.

- Identify how the area(s) of noncompliance was corrected for all of the provider's residents/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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.

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If you have any questions, please contact me.

Sincerely,



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

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39571	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2024
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NAME OF PROVIDER OR SUPPLIER 1 ON 1 COMPREHENSIVE HEALTHCARE SOLL	STREET ADDRESS, CITY, STATE, ZIP CODE 1467 95TH PLACE NORTH MAPLE GROVE, MN 55369
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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>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL39571015</p> <p>On March 4, 2024, through March 7, 2024, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four (4) residents receiving services under the Provisional Assisted Living license.</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 Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance 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 surveyors' 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 144A.474 SUBDIVISION 11 (b)(1)(2).</p>	
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment	0 810		

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

Minnesota Department of Health

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0 810	<p>Continued From page 1</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on a record review and interview, the licensee failed to develop a fire safety and evacuation plan with required elements, failed to provide required employee and resident training</p>	0 810		
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0 810	<p>Continued From page 2</p> <p>on fire safety and evacuation, and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors.</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, 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).</p> <p>Findings include:</p> <p>A record review and interview were conducted on March 06, 2024, at 10:30 a.m. with licensed assisted living director (LALD)-A on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.</p> <p>Record review of the available documentation indicated that the evacuation plan did not include employee actions to be taken in the event of a fire or similar emergency. The current plan uses the RACE acronym which is very basic and does not show the employees actions in the event of a fire or similar emergency.</p> <p>Record review of the available documentation indicated that the evacuation plan did not include complete procedures for residents' evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. The current plan uses the RACE acronym which is very basic and does not show the residents actions in the event of a fire or similar emergency.</p>	0 810		
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0 810	Continued From page 3 During interview, LALD-A verified that the fire safety and evacuation plan for the facility lacked these provisions. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information including the expiration date for time sensitive medications for one of one resident (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) 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: R4 was admitted on September 1, 2023, with a service to include medication administration four	01890		

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01890	<p>Continued From page 4</p> <p>times daily.</p> <p>R4's medication prescriber orders dated February 15, 2023, indicated the following orders: -cetirizine 10 milligrams (mg) by mouth daily; -apple cider vinegar one (1) tablet by mouth daily; -combivent Respimat 20-100 microgram (mcg) inhale by mouth three times daily; -ketoconazole 2% topical one (1) time a day; -magnesium oxide 400(mg) by mouth a day; -probiotic one (1) capsule by mouth a day; and -hydrocortisone 2.5% topical as needed.</p> <p>R4's March 2024, electronic medical record (EMR) indicated R4 took Combivent Respimat aerosol inhaler at 8:00 a.m., 3:00 p.m., and 10:00 p.m. (prevents narrowing of the airways). R4's March EMR included R4 received ketoconazole daily; cetirizine daily; apple cider vinegar daily; magnesium oxide daily; and probiotic daily.</p> <p>On March 5, 2024, at 9:16 a.m. the housing manager (HM)-B and the surveyor observed the licensee's medication cart and the treatment cart. The licensee failed to place an expiration date or beyond-use date of a time-dated drug for R4's Combivent inhaler. Additionally, the licensee failed to ensure R4's medication was maintained with a label including legible information on the following medications: -cetirizine 10 milligrams (mg) by mouth daily; -apple cider vinegar one (1) tablet by mouth daily; -ketoconazole 2% topical one (1) time a day; -magnesium oxide 400(mg) by mouth a day; -probiotic one (1) capsule by mouth a day; and -hydrocortisone 2.5% topical as needed.</p> <p>On March 5, 2024, at 9:18 a.m. HM-B confirmed the Combivent inhaler lacked an expiration label and R4's medication bottles lacked a label as</p>	01890		
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01890	<p>Continued From page 5</p> <p>required. HM-B stated labeling the medications as required was entailed in orientation training to medications and was unable to determine why the medication were lacking the required information.</p> <p>On March 5,2024, at 9:29 a.m. licensed assisted living director/ registered nurse (LALD/RN)-A stated staff have been trained on labeling time sensitive medications with an open date and was unsure why this had been missed.</p> <p>The manufacturer's instructions for Combivent inhaler dated December 2021, indicated Combivent inhaler should be discarded after 3 months of assembly.</p> <p>The license's Storage/Control of Medications Policy dated December 21, 2022, indicated medication will be "the licensed nurse is responsible for dating time-sensitive medications when opened. The medication is labeled completely and legibly. The medication label should contain the following.</p> <ol style="list-style-type: none"> a. prescription number and name of medication. b. strength and quantity c. expiration day for time dated drugs d. direction of use e. residents name f. prescribers name g. date issued h. name and address of licensed pharmacy issuing the medication". <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		
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Type: Full
Date: 03/05/24
Time: 12:00:00
Report: 8087241066

Food and Beverage Establishment Inspection Report

Page 1

Location:

1 On 1 Comprehensive Healthcar
14967 95th Place N
Maple Grove, MN55369
Hennepin County, 27

Establishment Info:

ID #: 0042208
Risk:
Announced Inspection: No

License Categories:

Expires on: 12/31/23

Operator:

Phone #:
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Max Utensil Surface Temp: > -- at 160 Degrees Fahrenheit
Location: DISH WASHER - SANITIZE CYCLE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Ambient Air
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding: MILK
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding: CHEESE
Temperature: 39 Degrees Fahrenheit - Location: STAND-UP REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding: YOGURT
Temperature: 39 Degrees Fahrenheit - Location: STAND-UP REFRIGERATOR
Violation Issued: No

Process/Item: Ambient Air
Temperature: -1 Degrees Fahrenheit - Location: STAND-UP FREEZER
Violation Issued: No

Type: Full
Date: 03/05/24
Time: 12:00:00
Report: 8087241066
1 On 1 Comprehensive Healthcar

Food and Beverage Establishment Inspection Report

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		0	0	0

THIS WAS AN ANNOUNCED AND SCHEDULED FULL INSPECTION.
INSPECTION CONDUCTED IN THE PRESENCE OF NURSE EVALUATOR. JESSICA DETERS.

CABINETS ARE HARDWOOD, FLOOR IS WOOD PLANK LAMINATE, AND CEILING APPEARS TO BE DURABLE, SMOOTH IN TEXTURE AND EASILY CLEANABLE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE. GE BRAND DISHWASHER IS RESIDENTIAL BUT HAS SANITIZING RINSE CYCLE OPTION. HOT WATER TEMPERATURE AT THE KITCHEN SINK REACHED 120 DEGREES. DESIGNATED HAND WASHING SINK IN THE KITCHEN, RIGHT SIDE OF A 2-BIN, STAINLESS STEEL RESIDENTIAL KITCHEN SINK.

INSPECTION REPORT EMAILED TO JESSICA DETERS.

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 8087241066 of 03/05/24.

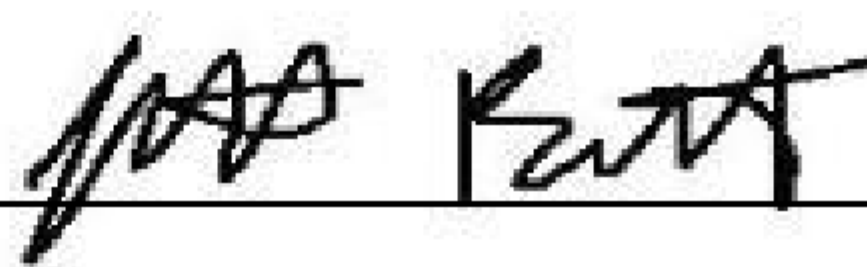
Certified Food Protection Manager KARLU DORLEH

Certification Number: FM114132 Expires: 11/17/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

KARLU DORLEH
HOUSE MANAGER

Signed:  _____

John Boettcher
Public Health Sanitarian 3
St. Paul, MN / Freeman
651-201-5076
john.boettcher@state.mn.us