Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

April 28, 2026

Licensee
1 on 1 Comprehensive Healthcare Solution LLC
1211 W 106th Street
Bloomington, MN 55431

RE: Provisional Conditional License Number 422463
Health Facility Identification Number (HFID) 42253
Project Number(s) SL42253015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 25, 2026, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 60-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **June 27, 2026**.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state 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.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $1,000.00. **MDH is not imposing these fines against your provisional license at this time.**

St - 0 - 0470 - 144g.41 Subdivision 1 - Minimum Requirements - $1,000.00

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

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

CONDITIONAL LICENSE ISSUED:
MDH will issue 1 on 1 Comprehensive Healthcare Solution LLC a conditional provisional assisted living facility license for 60 calendar days from the date of this notice. At an unannounced point in time, within the 60 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if 1 on 1 Comprehensive Healthcare Solution LLC is in substantial compliance.

The following conditions apply on the conditional provisional assisted living facility license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional provisional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the provisional license.

b. **No new admissions:** 1 on 1 Comprehensive Healthcare Solution LLC will not admit any new residents under its conditional provisional assisted living facility license until MDH removes the "no new admissions" condition. 1 on 1 Comprehensive Healthcare Solution LLC must provide the Department:

    i. A list of the names and birthdates of any individuals 1 on 1 Comprehensive Healthcare Solution LLC is currently in the process of admitting. These individuals will be able to continue the admittance process.

    ii. A list of all current residents including:
        1. Name and birthdate of each resident
        2. Current payment source for services
        3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
        4. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative

c. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of 1 on 1 Comprehensive Healthcare Solution LLC to correct the violations cited during the survey as well as to determine the overall practice of 1 on 1 Comprehensive Healthcare Solution LLC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive provisional licensed assisted living services. The OOLTC will share their findings with MDH.

d. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.

e. **Corrective Action Plan:** 1 on 1 Comprehensive Healthcare Solution LLC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
    i. A statement of the concern
    ii. A description of what will happen to correct the concern
    iii. A target date for when each correction will be complete

iv. Who is responsible to make sure it happens
v. Current status of correction work
vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:
MDH will determine if 1 on 1 Comprehensive Healthcare Solution LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 60-day conditional provisional license period. If MDH determines 1 on 1 Comprehensive Healthcare Solution LLC is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to 1 on 1 Comprehensive Healthcare Solution LLC. If MDH determines 1 on 1 Comprehensive Healthcare Solution LLC is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

REQUEST FOR RECONSIDERATION:
Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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 Casey DeVries directly at: 651-201-5917 or email at: Casey.DeVries@state.mn.us.

Sincerely,

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42253	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 ON 1 COMPREHENSIVE HEALTHCARE SOLL	1211 W 106TH STREET BLOOMINGTON, MN 55431

(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: SL42253015-0 On March 23, 2026, through March 25, 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 two residents: both of whom received services under the Provisional Assisted Living license. An immediate correction order was identified on March 24, 2026, issued for SL42253015-0, tag identification 0470. 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 License 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. 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 subd. 1, 2, and 3.	
0 470 SS=I	144G.41 Subdivision 1 Minimum requirements	0 470		

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0 470	Continued From page 1 (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure sufficient staffing to meet the needs of one of one resident (R1) who required a two-person transfer with a mechanical lift. 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	0 470		

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0 470	Continued From page 2 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: The licensee lacked sufficient staffing on a 24-hour basis as required by the facility's policy and resident's needs. The licensee's current staffing plan dated February 10, 2026, indicated the licensee had one staff present for all three shifts (morning, evening, and night shift) and one staff and one registered nurse (RN) readily available. The staffing plan read, "At least 1 staff in the building at all times, second staff to help with transfer and other necessary cares. There is always 1 staff READILY AVAILABLE on-call TO REPORT TO FACILITY IMMEDIATELY FOR ANY REASONS. 1 Management staff on-call, and RN on-call ready to report onsite immediately for any reason." The licensee's staffing schedule dated March 1 through March 31, 2026, indicated one unlicensed personnel (ULP) scheduled for morning shift (7:00 a.m., to 3:00 p.m.,), one ULP scheduled for evening shift (3:00 p.m., to 11:00 p.m.,) and one ULP scheduled for night shift (10:00 p.m., to 10:00 a.m.). The staffing schedule indicated two staff were scheduled for three hours in the morning (7:00 a.m., to 10:00 a.m.) and for one hour in the evening (10:00 p.m., to 11:00 p.m.) R1's diagnoses included other inherited spinal muscular atrophy (primary), depression, neurogenic bowel, osteoarthritis, spondylosis with	0 470		

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0 470	Continued From page 3 myelopathy, spondylosis without myelopathy or radiculopathy, cervical disc disorder at C4-C4 level with radiculopathy, intervertebral disc displacement, radiculopathy, low back pain, pain in right foot, pain in left foot, neuromuscular dysfunction of bladder, difficulty in walking, other abnormalities of gait and mobility, symptoms and signs involving the nervous and musculoskeletal systems, weakness, reduced mobility, and personal history of transient ischemic attack (TIA). R1's service plan, dated October 16, 2025, indicated R1 required assistance with transfers and position/reposition. The service plan did not indicate the level of assistance required. R1's 90-day nursing reassessment form, dated February 26, 2026, indicated R1 required one to two persons assistance with turning and repositioning due to muscle weakness, spinal pain, and limited mobility. R1 required a Hoyer lift (mechanical lift) for transfers and wheelchair for mobility. The assessment indicated R1was mostly continent of bowel and followed a scheduled daily toileting routine. Staff provided assistance with positioning and transferring R1 on and off the bedpan daily. The assessment also indicated R1 would require significant assistance from staff including the use of wheelchair and transfer equipment during an emergency. Staff were trained in R1's specific care and mobility needs. ULP-A's employee record included a Home Health Aide/PCA Supervision form dated on December 29, 2025. The form indicated ULP-A was trained and deemed competent for R1's safe transfer techniques which indicated two persons assist for all lift transfers.	0 470		

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0 470	Continued From page 4 On March 24, 2026, at 9:16 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated R1 was wheelchair bound and able to make their needs known. LALD/CNS-C stated they would classify R1 as quadriplegic; R1 has very limited movement in their arms and no movement in their legs. The surveyor referred to R1's 90-day reassessment mentioned above where it said R1 required one to two persons assistance with turning and repositioning and asked when did R1 require one person assist verses two person assist. LALD/CNS-C stated R1 can help a little bit but R1 was mostly two persons assist. LALD/CNS-C stated that for a Hoyer lift it was two person assist. LALD/CNS-C stated the company's policy for a Hoyer lift transfer was strictly two persons. LALD/CNS-C stated they have staff (ULP-A, and housing manager (HM)-D) who were readily available to cover between the hours of 10:00 a.m., to 10:00 p.m., and 11:00 p.m., to 7:00 a.m., if help was needed. LALD/CNS-C stated ULP-A lives about three minutes away, and HM-D lives about 20 minutes away from the facility. LALD/CNS-C confirmed none of the staff members lived adjacent or next door to the facility. The surveyor asked who would come in to help R1 evacuate the building on a night when ULP-A was scheduled to work since HM-D and LALD/CNS-C live 20 minutes away. LALD/CNS-C did not answer. On March 24, 2026, at 9:55 a.m., LALD/CNS-C stated now that they thought about it, they agree that they needed two people in the building at all times. On March 24, 2026, at 10:47 a.m., the surveyor observed ULP-A and ULP-B perform R1's transfer by using the Hoyer lift. ULP-A stated they	0 470		

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0 470	Continued From page 5 transferred R1 with the Hoyer lift and two person assist all the time. The surveyor asked what they would do if R1 wanted to go to bed after 10:00 a.m., when there is only one ULP scheduled to work. ULP-A stated R1 does not go to bed during the day, they nap in their wheelchair and the wheelchair has a recliner. Minnesota Administrative Rule 4659.0180 Subp. 5., read. "Direct-care staff availability. A minimum of two direct-care staff must be scheduled and available to assist at all times whenever a resident requires the assistance of two direct-care staff for scheduled reasonably foreseeable and unscheduled needs, as reflected in the resident's assessments and service plan." The licensee's staffing policy revised March 21, 2026, read "At least two (2) home health aides will be scheduled and available for residents requiring the assistance of two home health aides for scheduled and reasonably foreseeable unscheduled needs." No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 470		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (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	0 480		

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0 480	Continued From page 6 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, 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	0 480		

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0 480	Continued From page 7 (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 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 March 24, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		

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

1 ON 1 COMPREHENSIVE HEALTH
1211 W 106TH STREET
Bloomington, MN 55431
Hennepin County
Parcel:

Phone:

License Info

License: HFID 42253

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1047261080
Inspection Type: Full - Single
Date: 3/24/2026 Time: 11:00 am
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery: Emailed

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: TEMPERATURE OF TCS FOOD IN THE REFRIGERATOR WAS WARMER THAN 41F. OPERATOR STATED FRIDGE HAD BEEN OPEN WHILE IT WAS BEING ORGANIZED. CORRECTED ON SITE- OPERATOR ADJUSTED THE FRIDGE TO A COLDER TEMPERATURE AT THE TIME OF INSPECTION AND CONFIRMED VIA EMAILED PHOTO THAT THE FRIDGE WAS MAINTAINING A COLD ENOUGH TEMPERATURE
Comply By: 3/24/2026 Originally Issued On: 3/24/2026

New Order: 5-200A Plumbing: approved materials/design
5-201.11B *Priority Level: Priority 3 CFP#: 51*
MN Rule 4626.1040B Maintain the plumbing system in good repair.
COMMENT: KITCHEN SINK NOT DRAINING AT TIME OF INSPECTION. OPERATOR STATED IT WAS A RECENT ISSUE AND THAT HE NEEDS TO GET A TOOL TO FIX IT
Comply By: 3/24/2026 Originally Issued On: 3/24/2026

Food & Beverage General Comment

Inspection conducted with K. Dorleh and reviewed with MDH Nurse Evaluator D. Mosissa.

The establishment has a residential kitchen and serves food that is prepared that day. The kitchen has wood cabinets, laminate floor, painted walls, solid counter top, and a painted ceiling.

A two basin sink is located in the kitchen. One sink basin is designated for hand washing. A residential dish machine is located in the kitchen.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, and food handling procedures.

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 F1047261080 from 3/24/2026

Karlu Dorleh
Operator

Holly Sievers,
Public Health Sanitarian 3
651-201-5946
holly.sievers@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

1 ON 1 COMPREHENSIVE HEALTH
Bloomington
County/Group: Hennepin County

Inspection Info

Report Number: F1047261080
Inspection Type: Full
Date: 3/24/2026
Time: 11:00 am

Food Temperature: Product/Item/Unit: Butter**; Temperature Process:** Cold-Holding
Location: Refrigerator at 44 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Cheese**; Temperature Process:** Cold-Holding
Location: Refrigerator at 47 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Refrigerator**; Temperature Process:** Ambient Air
Location: Refrigerator at 39 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

1 ON 1 COMPREHENSIVE HEALTH
Bloomington
County/Group: Hennepin County

Inspection Info

Report Number: F1047261080
Inspection Type: Full
Date: 3/24/2026
Time: 11:00 am

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Greater Than** 180 Degrees F.
Comment:
Violation Issued?: No