Electronically Delivered

March 24, 2026

Licensee
Birchwood Cottages
1845 Austin Road
Owatonna, MN 55060

RE: Project Number(s) SL33374016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 4, 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.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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 - 0780 - 144g.45 Subd. 2 (a) (1) - 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 $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. 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.

If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 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
	33374	A. BUILDING: _____ B. WING _____	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD COTTAGES	1845 AUSTIN ROAD OWATONNA, MN 55060

(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: SL33374016-0 On March 2, 2026, through March 4, 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 28 residents; 28 receiving services under the Assisted Living Facility with Dementia Care license.	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.	
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment	0 780		

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0 780	Continued From page 1 (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; 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	0 780		

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0 780	Continued From page 2 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 March 2, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
01290 SS=E	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced	01290		

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01290	Continued From page 3 by: Based on interview and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license health facility identification number (HFID) 33374 for three of seven employees (unlicensed personnel (ULP)-G, ULP-H, and ULP-I). 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: During the entrance conference on March 2, 2026, at 10:50 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B, stated the licensee was aware of the required contents of an employee record. ULP-G ULP-G was hired on June 23, 2022, to provide direct care services to residents at the facility. ULP-G's employee record contained a Background Study Clearance form dated June 19, 2022, for HFID 32047 (a separate location operated by the licensee's owner). ULP-G's employee record lacked evidence the licensee affiliated a background study for their current assisted living license HFID 33374.	01290		

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01290	Continued From page 4 ULP-H ULP-H was hired on November 25, 2024, to provide direct care services to residents at the facility. ULP-H's employee record contained a Background Study Clearance form dated November 25, 2024, for HFID 32047. ULP-H's employee record lacked evidence the licensee affiliated a background study for their current assisted living license HFID 33374. ULP-I ULP-I was hired on February 16, 2026, to provide direct care services to residents at the facility. ULP-I's employee record contained a Background Study Clearance form dated January 26, 2026, for HFID 32047. ULP-I's employee record lacked evidence the licensee affiliated a background study for their current assisted living license HFID 33374. On March 4, 2026, at 1:00 p.m., assistant director (AD)-J stated the above-named employees' background studies had not been affiliated with this assisted living facility license HFID as required. The licensee's Background Checks policy effective August 1, 2021, noted all employees with direct resident contact would undergo a background study through Department of Human Services (DHS). No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		

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01760	Continued From page 5	01760		
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 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 prescriber orders were transcribed for one of one resident (R4). This practice resulted in a level two violation (a violation that did not harm a client'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: R4's diagnoses included chronic pain syndrome and lumbosacral root disorder (nerve roots in	01760		

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01760	Continued From page 6 lower back become compressed or irritated causing pain). R4's Service Plan (Private) - Addendum to Contract dated January 28, 2026, included medication administration. R4's prescriber orders dated January 29, 2026, included: - diclofenac 1% (topical pain-relieving gel) 2 grams to lower back four times daily (QID). R4's medication administration record (MAR) dated March 1, 2026, through March 4, 2026, included diclofenac 1% gel, apply 2 grams to lower back three times (TID) daily. On March 2, 2026, at 1:11 p.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R4. The diclofenac 1% gel had a label that directed to administer 2 grams to lower back four times daily. When interviewed at this time, ULP-D stated the label for R4's diclofenac 1% gel did not match the MAR but said she would follow the MAR instead of the label. ULP-D further stated she was aware the order had recently changed. On March 4, 2026, at 11:58 a.m., CNS-B stated R4's MAR did not match the current order for diclofenac 1% gel. CNS-B indicated the order had not been transcribed to the MAR when the order had been increased from TID to QID on January 29, 2026. The licensee's Requesting and Receiving Provider Orders and Renewals/Refills policy dated effective March 2020, noted the CNS or designated registered nurse (RN) is responsible for addressing changes in orders in the resident's	01760		

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01760	Continued From page 7 care plan, service plan and MAR. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01830 SS=D	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to renew prescriptions at least every 12 months for one of one resident (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: During the entrance conference on March 2, 2026, at 10:50 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility.	01830		

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01830	Continued From page 8 R2's diagnoses included memory loss and diabetes. R2's Service Plan (Private) - Addendum to Contract dated February 17, 2026, indicated R2 received assistance with medication administration. On March 3, 2026, at 8:26 a.m., the surveyor observed ULP-G check R2's blood sugar and administer insulin. R2's medical record included an After Visit Summary dated September 25, 2025, that included orders for medications and treatments; however, the orders lacked an electronic or physical prescriber signature. R2's most recent signed orders were dated June 6, 2024, and included orders for one memory medication, one for extra fluid, one for blood pressure, one for cholesterol, and one for diabetes. R2's Medication Administration Record (MAR) dated February 1, 2026, through March 3, 2026, included all medications as prescribed, times to administer, and staff initials to indicate the medications had been given. On March 4, 2026, at 10:00 a.m., CNS-B stated R2's prescriber orders for the above listed medications were greater than one year ago. CNS-B stated she had just recently learned of the annual prescriber orders requirement. The licensee's Requesting and Receiving Provider Orders and Renewals/Refills policy dated effective March 2020, noted: The registered nurse (RN) or licensed practical nurse (LPN) will assure that the prescriber renews a medication prescription at least every	01830		

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01830	Continued From page 9 12 months, or more frequently if determined necessary based on resident's need. No further information. TIME PERIOD OF CORRECTION: Seven (7) days	01830		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded treatment orders were maintained for one of one resident (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:	01970		

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01970	Continued From page 10 During the entrance conference on March 2, 2026, at 10:50 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment management services to the residents at the facility. R2's diagnoses included diabetes and edema. R2's Service Plan (Private) - Addendum to Contract dated February 17, 2026, indicated R2 received assistance with blood sugar checks and compression wraps. On March 3, 2026, at 8:26 a.m., the surveyor observed ULP-G check R2's blood sugar and administer insulin. R2's medical record included an After Visit Summary dated September 25, 2025, that included orders for blood sugar checks; however, the orders lacked an electronic or physical prescriber signature. R2's most recent signed orders were dated June 6, 2024, and included orders for blood sugar checks and compression wraps. R2's Service Recap Summary dated February 1, 2026, through March 3, 2026, included documentation of staff checking R2's blood sugar and assisting with compression wraps daily. On March 4, 2026, at 10:00 a.m., CNS-B stated R2's prescriber orders for the blood sugars and compression wraps were greater than one year ago. CNS-B stated she had just recently learned of the annual prescriber orders requirement. The licensee's Treatment and Therapy Services policy dated August 2021, indicated treatment orders must be current and written or	01970		

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01970	Continued From page 11 electronically recorded from an authorized prescriber. Orders must be renewed at least every 12 months. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Rochester District Office
Minnesota Department of Health
3425 40th Ave NW, Suite 115
Rochester, MN 55901
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Birchwood Cottages
1845 Austin Road
Owatonna, MN 55060
Steele County
Parcel:

Phone:
kellyve@birchwoodcottagesmn.com

License Info

License: HFID 33374

Risk:
License:
Expires on:
CFPM: Susan K. Polasek
CFPM #: 38648; Exp: 05/11/2026

Inspection Info

Report Number: F8044261066
Inspection Type: Full - Single
Date: 3/3/2026 Time: 7:43:11 AM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

HRD inspection conducted with nurse evaluator Susan Kalis. Inspection report reviewed on site with Kelly, Executive Director.

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 Rochester District Office inspection report number F8044261066 from 3/3/2026

Susan Polasek
Culinary Coordinator

Michael DeMars, RS
Public Health Sanitarian 3
michael.demars@state.mn.us

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL33374016	**Date:** 3/2/2026
Facility Name: Birchwood Cottages	
Facility Address: 1845 Austin Rd., Owatanna, MN 55060	

☒ **TAG IDENTIFICATION: 0780**

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

1. Smoke alarms are provided in each room used for sleeping purposes. [Minn. Stat. 144G.45 subd.2]

   Comments: Resident rooms did not contain smoke alarms that would sound within the rooms. Smoke detectors were present within the rooms which connected to the fire alarm panel, but did not have means to create an audible alarm within each resident room.