Electronically Delivered

July 28, 2025

Licensee
Birchwood Cottages
1630 Lor Ray Drive
North Mankato, MN  56003

RE: Project Number(s) SL33918016

Dear Licensee:

On July 16, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on April 30, 2025. This follow-up survey verified that the facility is in substantial compliance.

You are encouraged to retain this document for your records.  It is your responsibility to share the information contained in the letter with your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

Electronically Delivered

May 30, 2025

Licensee
Birchwood Cottages
1630 Lor Ray Drive
North Mankato, MN  56003

RE:  Project Number(s) SL33918016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 30, 2025, 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 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, 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**
**St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $3,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,500.00**. 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**

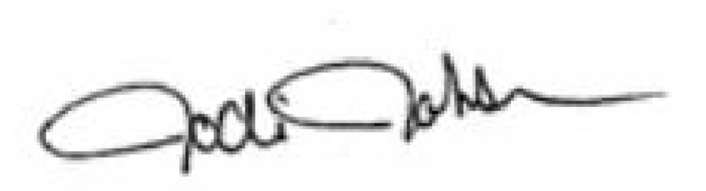
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms 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

AH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 33918 | A. BUILDING: _____ B. WING _____ | 04/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BIRCHWOOD COTTAGES | 1630 LOR RAY DRIVE NORTH MANKATO, MN 56003 |

| (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 |
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| 0 000 | Initial Comments<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL33918016-0<br><br>On April 28, 2025, through April 30, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 31 residents; 31 receiving services under the Assisted Living Facility with Dementia Care license.<br><br>1290: An immediate correction order was issued on April 28, 2025, at a level 3, Widespread (I). The licensee took immediate action; however, the scope and level remains at I. | 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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<br><br>for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;<br>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;<br>(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<br>(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;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to provide smoke alarms inside resident sleeping rooms. This had the potential to directly affect all residents, staff, and visitors.<br><br>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 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). | 0 780 | | |

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| 0 780 | Continued From page 2<br><br>The findings include:<br><br>During facility tour on April 29, 2025, from 12:23 p.m. through 1:02 p.m., with environmental services coordinator (ESC)-I, licensed assisted living director (LALD)-B, and executive director (ED)-A the surveyor observed smoke detectors inside the resident rooms. Surveyor asked if the detectors were connected to the building fire alarm system and if the detectors would sound an alarm inside the resident room. ESC-I stated that the detectors would cause the building fire alarm system to activate but the detectors would not sound an alarm inside the resident room.<br><br>During interview on April 29, 2025, at 1:39 p.m. ED-A verified there were no smoke alarms inside the resident rooms and stated that the facility had a letter from the local fire department indicating that alarms were not needed.<br><br>MN Statute 144G.45 requires smoke alarms to be installed in each room used for sleeping purposes.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days. | 0 780 | | |
| 01290 SS=I | 144G.60 Subdivision 1 Background studies required<br><br>(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. | 01290 | | |

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| 01290 | Continued From page 3<br>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure a background study was current and eligible on NETStudy 2.0 (web-based system for submitting background study requests to the Department of Human Services (DHS)) with the assisted living license for one of one employee (cook (C)-E). This had the potential to affect all residents residing in the facility. This resulted in an immediate correction order issued on April 28, 2025.<br><br>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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).<br><br>The findings include:<br><br>C-E was hired on December 12, 2023, to cook and provide culinary services to the residents.<br><br>NETStudy 2.0 employee roster for Health Facility identification number (HFID#) 33918 indicated | 01290 | | |

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| 01290 | Continued From page 4<br><br>C-E had been permanently hired on December 12, 2023. C-E's separated date was recorded as December 27, 2023; reason indicated: No Consent.<br><br>On April 28, 2025, at 1:25 p.m., executive director (ED)-A stated C-E works in the kitchen once in awhile and does dishes. ED-A further stated C-E was not always supervised and could be in the kitchen alone at times. ED-A also stated C-E would have access to the residents, although did not have a key to their rooms.<br><br>On April 28, 2025, at 1:51 p.m., culinary director (CD)-D stated C-E works in the kitchen part-time and helps with plating food for the residents. CD-D stated he was usually always present when C-E was working; although C-E was not constantly supervised.<br><br>The licensee's Background Checks policy revised December 10, 2021, indicated: All employees; as well as frequent contractors, and regularly scheduled volunteers of the facility with direct resident contact, will undergo a background study through DHS. Only those with satisfactory results will continue to work with the community and its residents.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Immediate<br><br>On April 28, 2025, the licensee took immediate action; however, the scope and level remains at I. | 01290 | | |

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| 01620 | Continued From page 5 | 01620 | | |
| 01620 SS=D | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.<br>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.<br>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive reassessment not to exceed 90 calendar days from the last assessment for one of three residents (R4).<br><br>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 | 01620 | | |

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| 01620 | Continued From page 6<br><br>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).<br><br>The findings include:<br><br>R4's diagnoses included Alzheimer's disease and a history of falling.<br><br>R4's Service Plan effective October 4, 2024, indicated R4 received services including medication administration, housekeeping, laundry, and assistance with bathing, AM and PM cares, and assistance with compression sleeve/glove application.<br><br>R4's last three assessments were requested. Assessments dated October 4, 2024, January 2, 2025, and April 4, 2025, were provided. 92 days had passed between the January and April 2025 assessments, thus exceeding 90 days.<br><br>On April 29, 2025, at 1:15 p.m., clinical nurse supervisor (CNS)-C reviewed R4's record and stated the assessment had not been completed within 90 days as required.<br><br>The licensee's Initial and On-Going Nursing Assessment of Residents policy reviewed October 9, 2024, indicated:<br>1. Assessments to Be Completed. A RN will complete the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required:<br>a. Pre-Admission Assessment<br>b. 14-day assessment: completed up to 14-days after start of services<br>c. Ongoing assessment: completed | 01620 | | |

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| 01620 | Continued From page 7<br>periodically but no less than every 90 days<br>d. Change in resident condition<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 01620 | | |
| 01640 SS=D | 144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to<br><br>(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.<br>(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.<br>(c) The facility must implement and provide all services required by the current service plan.<br>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.<br>(e) Staff providing services must be informed of the current written service plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current | 01640 | | |

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| 01640 | Continued From page 8<br>services provided for one of one resident (R2).<br><br>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).<br><br>The findings include:<br><br>During the entrance conference on April 28, 2025, at 10:00 a.m., clinical nurse supervisor (CNS)-C stated the licensee provided treatment services to residents including simple wound care.<br><br>On April 29, 2025, at 8:00 a.m., the surveyor observed unlicensed personnel administering medication to R2. R2's left hand was wrapped in gauze with his fingers exposed.<br><br>R2's diagnoses included age-related macular degeneration with central geographic atrophy and gait instability.<br><br>R2's Incident Report dated April 2, 2025, at 5:25 p.m., indicated R2 had a fall in the dining room resulting in a laceration to left hand, skin tear to right wrist, and small abrasion to head with bump. The report further indicated first aid was given to R2's injuries; 911 was called and R2 was sent to the emergency department.<br><br>R2's After Visit Summary (AVS) from the emergency department dated April 2, 2025, indicated the cut on R2's left hand was unable to be sutured due to fragile skin. Steri-Strips were | 01640 | | |

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| 01640 | Continued From page 9<br><br>placed over the wound and gauze with a wrap over the top. The AVS further indicated: Please continue to monitor the wound at your facility, they may replace the Steri-Strips as needed if they come off. They may also apply square gauze and then wrap the hand with a dressing such as gauze wrap, or Kerlix.<br><br>R2's progress note dated April 9, 2025, at 4:28 p.m. indicated: Resident seen by [provider name] with Bluestone: 1) Orders faxed; RN (registered nurse) and PCP (primary care provider) visualized wound on left hand. Concern for potential infection. Continue with current antibiotic use and wound care includes cleansing, apply Xeroform and cover with non-adherent and conforming gauze.<br><br>R2's progress notes indicated CNS-C had provided wound care to R2's left hand on April 4th, 7th, and 18th, 2025. The progress note dated April 18, 2025, at 8:48 a.m., included: Wound care completed daily for resident left hand wound.<br><br>R2's Service Plan effective November 15, 2024, did not include R2's wound care treatment.<br><br>On April 29, 2025, at 1:15 p.m., CNS-C stated she had been providing wound care treatment to R2's left hand daily on Monday thru Friday each week following his fall on April 2, 2025. CNS-C stated she had not added the wound care treatment to R2's Service Plan as there wasn't an actual physician order - more a recommendation to keep it clean and covered.<br><br>The licensee's Resident Service Plan Contents and Service Plan Revisions policy reviewed October 9, 2024, indicated: | 01640 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 33918 | A. BUILDING: _____ B. WING _____ | 04/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BIRCHWOOD COTTAGES | 1630 LOR RAY DRIVE NORTH MANKATO, MN 56003 |

| (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 |
|---|---|---|---|---|
| 01640 | Continued From page 10<br><br>4. Service plans will be reviewed and revised as needed based upon on-going resident assessments by an RN at minimum:<br>a. Every 90 days<br>b. When changes are needed due to a change in resident condition, new orders from a prescribing physician or other prescribing provider, following an incident, or following the return of the resident from a hospital or other health care provider.<br><br>No further information was provided.<br><br>TIME PERIOD TO CORRECT- Twenty-one (21) days | 01640 | | |
| 01960 SS=D | 144G.72 Subd. 5 Documentation of administration of treatments<br><br>Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee lacked consistent documentation of treatments for one of one resident (R2).<br><br>This practice resulted in a level two violation (a | 01960 | | |

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| BIRCHWOOD COTTAGES | 1630 LOR RAY DRIVE NORTH MANKATO, MN 56003 |

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|---|---|---|---|---|
| 01960 | Continued From page 11<br><br>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).<br><br>The findings include:<br><br>During the entrance conference on April 28, 2025, at 10:00 a.m., clinical nurse supervisor (CNS)-C stated the licensee provided treatment services to residents, including simple wound care.<br><br>On April 29, 2025, at 8:00 a.m., the surveyor observed unlicensed personnel administering medication to R2. R2's left hand was wrapped in gauze with his fingers exposed.<br><br>R2's diagnoses included age-related macular degeneration with central geographic atrophy and gait instability.<br><br>R2's Incident Report dated April 2, 2025, at 5:25 p.m., indicated R2 had a fall in the dining room resulting in a laceration to the left hand, a skin tear to the right wrist, and a small abrasion to the head with a bump. The report further indicated first aid was given to R2's injuries; 911 was called and R2 was sent to the emergency department.<br><br>R2's After Visit Summary (AVS) from the emergency department dated April 2, 2025, indicated the cut on R2's left hand was unable to be sutured due to fragile skin. Steri-Strips were placed over the wound and gauze with a wrap over the top. The AVS further indicated: Please continue to monitor the wound at your facility, | 01960 | | |

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|---|---|---|---|---|
| 01960 | Continued From page 12<br><br>they may replace the Steri-Strips as needed if they come off. They may also apply square gauze and then wrap the hand with a dressing such as gauze wrap, or Kerlix.<br><br>R2's progress note dated April 9, 2025, at 4:28 p.m., indicated: Resident seen by [provider name] with Bluestone: 1) Orders faxed; RN (registered nurse) and PCP (primary care provider) visualized wound on left hand. Concern for potential infection. Continue with current antibiotic use and wound care includes cleansing, apply Xeroform and cover with non-adherent and conforming gauze.<br><br>R2's progress notes indicated CNS-C had provided wound care to R2's left hand on April 4th, 7th, and 18th, 2025. The progress note dated April 18, 2025, at 8:48 a.m., included: Wound care completed daily for resident left hand wound.<br><br>On April 29, 2025, at 3:19 p.m., R2 stated the nurse had been changing the bandage on his left hand every day since his fall, "About 27 days now". R2 then corrected himself and stated she was only changing the bandage Monday thru Friday as she didn't work on the weekend.<br><br>On April 30, 2025, at 10:14 a.m., CNS-C stated she had not consistently documented each time she had performed wound care for R2.<br><br>The licensee's Treatment and Therapy Services policy reviewed October 9, 2024, indicated:<br>6. Documentation of Service Plan. Each treatment or therapy must be in the resident record that is administered by the community. The documentation must include:<br>a. Date and time of administration | 01960 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 33918 | A. BUILDING: _____ B. WING _____ | 04/30/2025 |

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|---|---|
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|---|---|---|---|---|
| 01960 | Continued From page 13<br><br>b. When treatment or therapies are not administered as ordered or prescribed including documentation on why it was not administered and any follow-up procedures that were provided to meet the resident's needs.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01960 | | |

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

# Food & Beverage Inspection Report



## Establishment Info

Birchwood Cottages
1630 Lor Ray Dr.
Mankato, MN
Blue Earth County
Parcel:

Phone:
DavidL@birchwoodcottagesmn.com

## License Info

License: 33918
Cody Ingle
Risk: High
License:
Expires on:
CFPM:
CFPM #: ; Exp:

## Inspection Info

Report Number: F1028251018
Inspection Type: Full - Single
Date: 4/29/2025 Time: 11:46:12 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

! **New Order: 3-200B Food Characteristics:Receiving: temperature, condition**
3-202.14A *Priority Level: Priority 1 CFP#: 11*
*MN Rule 4626.0177A* Discard unpasteurized egg products.
COMMENT: **Begin using only pasteurized egg products.**
*Comply By: 4/29/2025 Originally Issued On: 4/29/2025*

**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 Mankato District Office inspection report number F1028251018 from 4/29/2025**

Cody Ingle

Ryan Miller, RS
Public Health Sanitarian 3
507-344-2721
ryan.miller@state.mn.us

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

# Temperature Observations/Recordings



## Establishment Info

Birchwood Cottages
Mankato
County/Group: Blue Earth County

## Inspection Info

Report Number: F1028251018
Inspection Type: Full
Date: 4/29/2025
Time: 11:46:12 AM

**Equipment Temperature: Product/Item/Unit:** Norlake Freezer**; Temperature Process:**
**Location:** Upright Freezer at -5 Degrees F.
Comment:
*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit:** Norlake Refrigerator**; Temperature Process:**
**Location:** Upright Cooler at 36 Degrees F.
Comment:
*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Chicken**; Temperature Process:** Hot-Holding
**Location:** Warmer at 145 Degrees F.
Comment:
*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Potatoes**; Temperature Process:** Hot-Holding
**Location:** Warmer at 145 Degrees F.
Comment:
*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit:** Serving Kitchen Cooler**; Temperature Process:**
**Location:** Upright Cooler at 39 Degrees F.
Comment:
*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit:** Serving Kitchen Cooler**; Temperature Process:**
**Location:** Upright Cooler at 39 Degrees F.
Comment:
*Violation Issued?: No*

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

# Sanitizer Observations/Recordings



## Establishment Info

Birchwood Cottages
Mankato
County/Group: Blue Earth County

## Inspection Info

Report Number: F1028251018
Inspection Type: Full
Date: 4/29/2025
Time: 11:46:12 AM

**Sanitizing Equipment**: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
**Location:** Dishwashing Area **Equal To** 180 Degrees F.
Comment:
*Violation Issued?: No*

**Sanitizing Chemical**: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
**Location:** Dishwashing Area **Equal To** 200 PPM
Comment:
*Violation Issued?: No*