Electronically Delivered

February 20, 2026

Licensee
Birchwood Cottages
1905 Austin Road
Owatonna, MN 55060

RE: Project Number(s) SL32047016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 6, 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:

0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00
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 $1,000.00**. 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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32047	A. BUILDING: _____ B. WING _____	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD COTTAGES	1905 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: SL32047016-0 On February 2, 2026, through February 6, 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 26 residents; 26 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.	
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

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0 775	Continued From page 1 Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: 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 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 February 5, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:	0 780		

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0 780	Continued From page 2 (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 resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when	0 780		

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0 780	Continued From page 3 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 February 5, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
01290 SS=F	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 by: Based on interview and record review, the licensee failed to ensure a background study was	01290		

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01290	Continued From page 4 submitted and received in affiliation with the assisted living license health facility identification number (HFID) for five of seven employees (unlicensed personnel (ULP)-D, ULP-E, ULP-F, ULP-G, and ULP-H). This had the potential to affect all residents living within the facility. 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 is 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: ULP-D ULP-D began providing assisted living services on June 10, 2024. ULP-D's employee record contained a Background Study Clearance form dated June 5, 2024, for HFID 33374 (a separate location operated by the licensee's owner). ULP-D's employee record lacked evidence the licensee affiliated a background study for their current assisted living license HFID 32047. ULP-E ULP-E began providing assisted living services on October 1, 2022. ULP-E's employee record contained a Background Study Clearance form dated September 13, 2022, for HFID 33374. ULP-E's employee record lacked evidence the licensee	01290		

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01290	Continued From page 5 affiliated a background study for their current assisted living license HFID 32047. ULP-F ULP-F began providing assisted living services on April 29, 2024. ULP-F's employee record contained a Background Study Clearance form dated April 25, 2024, for HFID 33374. ULP-F's employee record lacked evidence the licensee affiliated a background study for their current assisted living license HFID 32047. ULP-G ULP-G began providing assisted living services on August 12, 2024. ULP-G's employee record contained a Background Study Clearance form dated July 25, 2024, for HFID 33374. ULP-G's employee record lacked evidence the licensee affiliated a background study for their current assisted living license HFID 32047. ULP-H ULP-H began providing assisted living services on June 10, 2025. ULP-H's employee record contained a Background Study Clearance form dated October 22, 2024, for HFID 33374. ULP-H's employee record lacked evidence the licensee affiliated a background study for their current assisted living license HFID 32047. On February 3, 2026, at 10:17 a.m., licensed assisted living director (LALD)-A stated the above named ULPs' background studies had not been affiliated with this assisted living facility license	01290		

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01290	Continued From page 6 HFID. The licensee's Background Checks policy dated 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		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (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. (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. (c) The facility must implement and provide all services required by the current service plan. (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. (e) Staff providing services must be informed of the current written service plan.	01640		

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01640	Continued From page 7 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of two residents (R1). 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: R1's diagnoses included diabetes, dementia, and stage 1 pressure ulcer (bedsore) of sacral region. R1's Service Plan (Waiver) - Addendum to Contract dated effective August 13, 2024, indicated R1 received assistance with transfers, AM and PM cares, bathing, blood sugar checks, turning, repositioning, incontinence care, safety checks, and medication administration. R1's service plan did not identify wound care. R1's prescriber orders dated December 9, 2025, and January 19, 2026, included an order for wound care to sacral area. Cleanse area and apply Duoderm (a moist wound healing dressing) every Monday and Thursday each week until healed. Apply barrier cream to sacral area after Duoderm placement covering and protecting sacral skin from moisture. R1's Med (medication) Admin (administration)	01640		

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01640	Continued From page 8 Summary (MAS) dated January 2026, and February 2026, included documentation R1 had assistance with wound care twice weekly. On February 4, 2026, at 11:46 a.m., clinical nurse supervisor (CNS)-B stated R1's wound care was not included in the service plan and that it should have been as R1 has had on-going wound care to her sacral area for the last couple of years. The licensee's Resident Service Plan Contents and Service Plan Revisions policy dated June 2016, indicated all assisted living residents would have an up-to-date service plan identifying services to be provided based on the assessment by the registered nurse (RN) and/or other licensed health professional. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	01640		
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	01760		

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01760	Continued From page 9 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 verify accuracy of prescriber orders when transcribing orders for one of two residents (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: R2's diagnoses included Alzheimer's dementia and osteoarthritis. R2's Service Plan (Waiver) Addendum to Contract dated December 10, 2025, noted services including assistance with medication administration. R2's prescriber orders dated November 24, 2025, included fluticasone propionate (reduces inflammation in the nasal passages) 50 micrograms/actuation two sprays in each nostril daily and diclofenac 1% (topical arthritis pain gel) apply 4 grams three times daily to low back, right thumb and wrist area. On February 3, 2026, at 8:23 a.m., the surveyor observed unlicensed personnel (ULP)-C prepare and administer medications to R2. ULP-C	01760		

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01760	Continued From page 10 applied the diclofenac gel to R2's lower back and then proceeded to remove her gloves. R2 asked ULP-C if she would apply it to her right thumb and wrist but ULP-C stated the medication was not ordered for those locations. R2 refused the fluticasone spray when offered. R2's February 2026, Med (medication) Admin (administration) Summary (MAS) noted the following: - fluticasone 50 mcg two sprays in each nostril daily. However, it was listed for administration times for both AM and PM. - diclofenac gel apply 4 grams topically to low back three times daily. The order did not include location of right thumb and wrist area. On February 4, 2026, at 11:04 a.m., clinical nurse supervisor (CNS)-B stated these were transcription errors, and the fluticasone should only have been listed on the MAS once daily for AM and the diclofenac gel should have included the locations of right thumb and wrist area. The licensee's Contents of Prescription Medications, Treatments and Therapy Orders policy dated March 2020, noted the registered nurse (RN) or appropriate licensed health professional is responsible for assuring that current, authorized prescriber prescriptions for medications and orders for treatments and therapies, to be administered by the staff are kept in the resident's record and that changes in orders are addressed in the resident's care plan, service plan and medication administration record, if applicable and are communicated on a timely basis to all appropriate staff. No further information was provided.	01760		

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01760	Continued From page 11 TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01940 SS=E	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by:	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32047	A. BUILDING: _____ B. WING _____	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD COTTAGES	1905 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
01940	Continued From page 12 Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of two residents (R1, R2) with treatments. 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 February 2, 2026, at 10:48 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B stated the licensee provided treatment management services to their residents. R1 R1's diagnoses included diabetes, dementia, and stage 1 pressure ulcer (bedsore) of sacral region. R1's Service Plan (Waiver) - Addendum to Contract dated effective August 13, 2024, indicated R1 received assistance with transfers, AM and PM cares, bathing, blood sugar checks, turning, repositioning, incontinence care, safety checks, and medication administration. R1's service plan did not identify wound care. R1's prescriber orders dated December 9, 2025, and January 19, 2026, included an order for wound care to sacral area. Cleanse area and	01940		

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	32047	A. BUILDING: _____ B. WING _____	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD COTTAGES	1905 AUSTIN ROAD OWATONNA, MN 55060

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01940	Continued From page 13 apply Duoderm (a moist wound healing dressing) every Monday and Thursday each week until healed. Apply barrier cream to sacral area after Duoderm placement covering and protecting sacral skin from moisture. R1's Med (medication) Admin (administration) Summary (MAS) dated January 2026, and February 2026, included documentation R1 had assistance with wound care twice weekly. R1's record lacked a treatment plan to include the following required content: - procedures for notifying a registered nurse when a problem arose with treatments or therapy services. R2 R2's diagnoses included Alzheimer's dementia and congestive heart failure (the heart doesn't pump blood effectively). R2's Service Plan (Waiver) Addendum to Contract dated December 10, 2025, indicated R2 received assistance with compression stockings (prevent blood clots and swelling in the legs). On February 3, 2026, at 11:30 a.m., the surveyor observed R2 wearing bilateral compression stockings. R2 stated staff applied each morning and removed at bedtime. R2's prescriber orders dated January 21, 2026, included compression stocking to bilateral lower extremities. R2's Services Delivered dated January 26, 2026, through February 2, 2026, included documentation R2 received assistance with compression stockings in the morning and at	01940		

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	32047	A. BUILDING: _____ B. WING _____	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD COTTAGES	1905 AUSTIN ROAD OWATONNA, MN 55060

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01940	Continued From page 14 bedtime. R2's record lacked a treatment plan to include the following required content: - procedures for notifying a registered nurse when a problem arose with treatments or therapy services. On February 4, 2026, at 11:46 a.m., CNS-B stated R1 and R2's record lacked a treatment management plan to include all the required content as noted above. The licensee's Treatment and Therapy Services policy dated August 2021, indicated the licensee would develop and implement an individualized service plan for the resident. This plan must include: - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments 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	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32047	A. BUILDING: _____ B. WING _____	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01960	Continued From page 15 document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure treatment or therapies were administered as prescribed, or to document the reason they were not provided, for one of two residents (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: R2's diagnoses included Alzheimer's dementia, congestive heart failure (the heart doesn't pump blood effectively), chronic obstructive pulmonary disease (lung condition that makes breathing difficult), and osteoarthritis. R2's Service Plan (Waiver) Addendum to Contract dated December 10, 2025, noted services including assistance with oxygen maintenance. R2's prescriber orders dated May 22, 2025, included an order for oxygen via nasal cannula 1 liter per minute (LPM) at bedtime and during naps only.	01960		

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01960	Continued From page 16 On February 3, 2026, at 8:23 a.m., the surveyor observed R2 sleeping in her recliner chair with oxygen on at 2 LPM. On February 4, 2026, at 11:31 a.m., clinical nurse supervisor (CNS)-B went to R2's room with the surveyor. R2 was sleeping in her bed wearing oxygen. The oxygen concentrator was running at 2 LPM. CNS-B stated it should only be on at 1 LPM and changed the concentrator at this time. R2's Treatment Recap Summary dated February 1, 2026, through February 2, 2026, included staff initials that oxygen maintenance for 1 liter via nasal cannula during night and napping had been used intermittently on the following dates: February 1, 2025, AM, PM, and night shift; February 2, 2025, AM shift; On February 4, 2026, at 11:31 a.m., CNS-B stated R2 should not have her oxygen on at 2 LPM and indicated this was an error as staff should ensure the oxygen is applied at the prescribed rate. The licensee's Administration of Medication, Treatment and Therapy by Unlicensed Personnel policy dated April 2018, noted treatments always need to be administered according to the "6 Rights". a. Right person b. Right treatment c. Right time d. Right route e. Right dose f. Right chart/record to document that the treatment was taken. No further information was provided.	01960		

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01960	Continued From page 17 TIME PERIOD FOR CORRECTION: Seven (7) days	01960		

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
1905 Austin Road
Owatonna, MN 55060
Steele County
Parcel:

Phone:

License Info

License: HFID 32047

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

Inspection Info

Report Number: F8044261028
Inspection Type: Full - Single
Date: 2/3/2026 Time: 7:18:51 AM
Duration: minutes
Announced Inspection: No
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 F8044261028 from 2/3/2026

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: SL32047016-0	**Date:** February 5, 2026
Facility Name: BIRCHWOOD COTTAGES	
Facility Address: 1905 AUSTIN RD, OWATONNA MN 55060	

☒ **TAG IDENTIFICATION: 0775**

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

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. In buildings that contain a fuel-burning appliance or fireplace, or attached private garage, carbon monoxide detection shall be installed in dwelling units within ten feet of bedrooms. Where a fuel burning appliance is located in a bedroom or its attached bathroom, carbon monoxide detection shall be installed within the bedroom. Carbon monoxide detection can be provided by carbon monoxide alarms installed in dwelling or sleeping units or a carbon monoxide detection system installed in the room or space that contains the fuel-burning appliance. [Minn. Stat. 144G.45 subd. 2; MSFC 915]

   Comments: Facility didn't have carbon monoxide alarms in the resident rooms or alarms connected to the fire alarm panel at the source of fuel fire appliances.

☒ **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: All facility resident bedrooms are equipped with only smoke detectors with no audible alarms.