

STATE LICENSING COMPLIANCE REPORT

Report #: HL253023002C

Date Concluded: March 17, 2026

Name, Address, and County of Facility

Investigated:

Valley Terrace of Owatonna
1212 West Frontage Road
Owatonna, MN 55060
Steele County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Kevin Sedivy, Engineering

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/17/2026
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NAME OF PROVIDER OR SUPPLIER VALLEY TERRACE OF OWATONNA	STREET ADDRESS, CITY, STATE, ZIP CODE 1212 WEST FRONTAGE ROAD OWATONNA, MN 55060
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{0 000}	<p>Initial Comments</p> <p>On March 17, 2026, the Minnesota Department of Health conducted a licensing order follow-up related to correction orders issued for complaint HL253023002C.</p> <p>The following correction orders are issued for HL253023002C, re-issued correction order: 0775.</p>	{0 000}	<p>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.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p>	
{0 775} SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by:</p>	{0 775}		

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

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{0 775}	<p>Continued From page 1</p> <p>Based on observation and interview, the licensee failed to keep the facility in compliance with Minnesota State Fire Code (MSFC) under Minnesota Rule Chapter 7511. These deficient conditions had the ability to affect all staff and residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On a facility tour on March 17, 2026, between 10:00 a.m. and 3:30 p.m. with the Maintenance Supervisor (MS)-B, the surveyor observed the following conditions:</p> <p>KITCHEN HOOD EXTINGUISHING SYSTEM:</p> <p>The surveyor observed that tag on the kitchen hood extinguishing system indicated that it had not been semi-annually inspected since April of 2023. Upon interview with MS-B, it was indicated that the hood cannot be certified by the inspecting company due to an inoperable exhaust fan.</p> <p>SMOKE ALARMS:</p> <p>The surveyor observed the smoke alarms in the resident rooms were over 10 years old from date of manufacture. Smoke alarms must be replaced within 10 years of manufacture date by devices with the same power supply under the provisions</p>	{0 775}		
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{0 775}	<p>Continued From page 2 of the MSFC.</p> <p>FIRE DOORS:</p> <p>The surveyor observed that there were several fire rated doors throughout the facility that did not close and latch under their own power.</p> <p>All fire rated doors shall close and latch under their own power under the provisions of the MSFC.</p> <p>FIRE ALARM CONTROL SYSTEM:</p> <p>The surveyor observed that the fire alarm system was in trouble, indicating the fire alarm system is not in complete working order. Fire alarm systems are required to be maintained and in full operable conditions at all times under the provisions of the MSFC.</p> <p>The above listed items were noted in the original complaint survey dated September 5, 2025, and no actions have been taken to fix them.</p> <p>The deficient conditions were visually verified by MS-B accompanying on the tour.</p>	{0 775}		