



STATE LICENSING COMPLIANCE REPORT

Report #: HL308234579C

Date Concluded: September 20, 2022

Name, Address, and County of Facility

Investigated:

American Eagle Owatonna LLC
Operated as Timberdale Trace
364 Cedardale Drive Southeast
Owatonna, MN 55060
Steele County

Facility Type: Assisted Living Facility with
Dementia Care (ALFDC)

Evaluator's Name: Jennifer Segal RN, BSN
Special Investigator

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: 30823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMERICAN EAGLE OWATONNA	STREET ADDRESS, CITY, STATE, ZIP CODE 364 CEDARDALE DRIVE SE 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	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p># HL308234579C</p> <p>On Septemeber 20, 2022 the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 23 clients receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>The following correction order is issued for ## HL308234579C tag identification 0100.</p> <p>.</p>	0 000	<p>The Minnesota Department of Health documents the State Licensing 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors ' findings is the Time Period for Correction.</p> <p>Per Minnesota Statute §144G.30, Subd. 5 (c), the assisted living facilities must document any action taken to comply with the correction order. A copy of the provider ' s records documenting those actions may be requested for follow-up surveys. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider ' s Plan of Correction."</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144G.31, Subd. 2 and 3.</p>	
0 100 SS=F	<p>144G.10 Subdivision 1 License required</p> <p>144G.10 Subdivision 1. License required.</p>	0 100		

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMERICAN EAGLE OWATONNA	STREET ADDRESS, CITY, STATE, ZIP CODE 364 CEDARDALE DRIVE SE 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
0 100	<p>Continued From page 1</p> <p>(a)(1)?Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter.?</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).?</p> <p>(b)?The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.?</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).?</p> <p>(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.?</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:?</p> <p>(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or?</p> <p>(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted</p>	0 100		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMERICAN EAGLE OWATONNA	STREET ADDRESS, CITY, STATE, ZIP CODE 364 CEDARDALE DRIVE SE 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
0 100	<p>Continued From page 2</p> <p>living facility with dementia care.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility operated under an expired license while providing service to 23 residents and advertised as an assisted living with memory care services.</p> <p>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 client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>Findings Include:</p> <p>On September 20, 2022, an investigator with the MN Department of Health (MDH) visited American Eagle Owatonna (DBA: Timberdale Trace Eagle Senior Living) at 364 Cedardale Drive Southeast in Owatonna. The facility was operational providing residents with 24/7 assisted living memory care services.</p> <p>On tour of the facility a group of approximately 10 residents were engaged in activity around a table in common area with staff present. A calendar of activities and other facility announcements were posted in common area. A moving truck was observed moving in personal belongings for a new resident arriving same day as investigation. The facility was nearly full, with 23 of 26 resident rooms filled.</p>	0 100		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AMERICAN EAGLE OWATONNA	STREET ADDRESS, CITY, STATE, ZIP CODE 364 CEDARDALE DRIVE SE 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
0 100	<p>Continued From page 3</p> <p>The facility license posted on the wall in the administrator office expired July 31, 2022.</p> <p>When interviewed on September 20, 2022, at 2:10 p.m. the administrator stated the facility license expired July 31, 2022. The new license application was denied due to missing background study. The administrator indicated she was recently made an authorized agent for the facility to access employee background studies and before that time the authorized person no longer worked in the facility. The administrator stated the facility provides all-inclusive memory care including assistance with all personal cares, medication management, meals, snacks, and twenty-four-hour staff.</p> <p>Time Period for Correction: Seven (7) days.</p>	0 100		