

STATE LICENSING COMPLIANCE REPORT

Report #: HL33374001C

Date Concluded: March 30, 2022

Name, Address, and County of Facility

Investigated:

Birchwood Cottages
1845 AUSTIN ROAD
Owatonna, Minnesota 55060
Steele County

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

Evaluator's Name: Zalei Lewis, RN
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: 33374	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/29/2022
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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	<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>#HL33374001C</p> <p>On March 29, 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 20 residents receiving services under the provider ' s Assisted Living with Dementia Care license.</p> <p>The following correction order is issued/orders are issued for #HL33374001C, tag identification 0510.</p>	0 000	<p>Assisted Living Provider 144G.</p> <p>Minnesota Department of Health is documenting 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 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> <p>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.</p>	

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 510	Continued From page 1	0 510		
0 510 SS=F	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control related to COVID-19: to include screening of employees, visitors and residents; and the use of personal protective equipment (PPE). This failure also had the potential to affect all residents and staff, as well as all visitors to the facility.</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) 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>Findings Include:</p>	0 510		

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0 510	<p>Continued From page 2</p> <p>The Center for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated February 2, 2022, source control masks and physical distancing are recommended for everyone in a health care setting. It also indicated every facility should establish a process to identify anyone entering the facility who had a positive COVID-19 test, symptoms of COVID-19, or who had close contact with someone with SARS-CoV-2 infection.</p> <p>The Minnesota Department of Health (MDH) COVID-19 Personal Protective Equipment (PPE) and Source Control Grids for Congregate Care Settings document dated December 7, 2021, indicated health care workers should wear facemasks, and in facilities located in counties with substantial or high COVID-19 transmission, should also wear eye protection that covers the front and sides of the face.</p> <p>On March 29, 2022, the investigator entered the facility. Unlicensed personnel (ULP)-A took the investigator's temperature and failed to ask the investigators regarding signs or symptoms of COVID-19 were present, recent exposure to COVID-19 positive individuals, and recent travel.</p> <p>On March 29, 2022, a visitor was observed entering the facility, having her temperature taken by facility staff, and was asked to sanitize her hands by facility staff. The facility staff failed to ask the visitor if signs or symptoms of COVID-19 were present, recent exposure to COVID-19 positive individuals, and recent travel.</p>	0 510			

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0 510	<p>Continued From page 3</p> <p>On March 29, 2022, an employee was observed eating in the resident common area, with goggles off and no mask. At least two residents were present in common area during the time that the employee was not wearing mask.</p> <p>On March 29, 2022, the staff COVID and illness screening documentation for the last three months was requested. When the documentation was reviewed, it was the binder that was observed at facility entrance. The investigator asked facility staff member how the staff members could be identified as the log only included first names. The staff verbalized that review of the log was possible as the employees were identifiable to other employees. The investigator also asked if screening questions were asked, as there was no space for symptom specific identification, COVID status, COVID exposure, or travel, to be identified on the log. Facility staff member stated that staff members ask screening questions to all who enter. When evaluator asked how it is known that the staff has asked the questions, and ULP-B answered that "there is a place to put initials (by screener)." Evaluator reviewed documentation and stopped counting after observing 100 instances of screening encounters without initials in designated area. There were also multiple encounters missing dates, times, and/or hand sanitization information.</p> <p>Facility COVID screening policy was requested. The document titled, "POLICY: COVID 19 SCREENING AND STAFF, VISITOR AND VENDOR VISITING RESTRICTIONS" dated March, 2021, was provided. The policy includes the following, "Individuals who are allowed to enter the building will complete the facility's screening process prior to entering the building."</p>	0 510			

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0 510	<p>Continued From page 4</p> <p>Screening includes: Individuals will complete hand hygiene upon entrance to the community. Individuals will have a temperature taken and may have other vital signs measured, as deemed appropriate. Individuals will be screened for current signs and symptoms of cough, shortness of breath, fever or any other signs of illness. Individuals will be asked if they have traveled in the last 14-days."</p> <p>Time Period for Correction: Seven (7) Days.</p>	0 510		