

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL320474123M  
**Compliance #:** HL320474790C

**Date Concluded:** October 3, 2024

## **Name, Address, and County of Licensee**

### **Investigated:**

Birchwood Cottages  
1905 Austin Road  
Owatonna MN 55060  
Steele County

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

**Evaluator's Name:** Christine Bluhm, RN  
Special Investigator

**Finding:** Not Substantiated

### **Nature of Investigation:**

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

### **Initial Investigation Allegation:**

The facility neglected the resident when the facility did not provide supervision and fall interventions for the resident. One fall resulted in the resident being sent to the hospital with five broken ribs and another fall resulted in clavicle and compression fractures.

### **Investigative Findings and Conclusion:**

The Minnesota Department of Health determined neglect was not substantiated. While falls did occur, the facility assessed the resident appropriately as a fall risk and fall interventions were in place. The facility communicated with the provider and family members in attempt to minimize the falls.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included review of the resident record, facility incident reports, staff schedules, and related facility policy and procedures. Also, the

investigator observed other residents in their environment, and staff interactions and supervision of residents.

The resident resided in an assisted living memory care unit. The resident's diagnoses included diabetes, atrial fibrillation (irregular heartbeat) and a history of falls prior to admission to the facility. The resident's service plan included staff assistance with bathing, grooming and meals. The resident's assessment indicated he was alert and oriented.

The resident's progress report indicated the resident had multiple falls in a span of one month and the last fall resulted in a clavicle fracture. During this time, the resident suffered from pain, a rash that resembled shingles, and fluctuations with blood sugar that were difficult to manage.

During an interview, a manager stated the resident was reluctant to ask staff members for help. The manager stated most of the resident's falls occurred in his room, so staff members tried to keep him out of his room when possible and busy with various activities.

During an interview, a nurse manager stated that physical therapy worked with the resident on strengthening and safely performing daily tasks. The manager also stated the resident's blood sugars fluctuated without much warning and were difficult to get under control.

During investigative interviews, multiple staff members stated they reminded the resident to ask for assistance, but he wanted to remain as independent as possible and did not want to call and wait for transfer help. Multiple staff members stated an alarm was used but it did not prevent the falls. The resident would not disclose when he had pain for fear of having to go into the emergency room and the pain affected his ability to care for himself effectively.

During an interview, a family member stated the resident had fallen at home prior to living at the facility and many of the falls had to do with a lack of blood sugar control. The family member stated the resident did have some significant injuries from the falls at the facility. The resident was also stubborn and if he pressed his call pendant for assistance, and help did not come immediately, he would try it on his own.

In conclusion, the Minnesota Department of Health determined neglect was not substantiated.

**“Not Substantiated” means:**

An investigatory conclusion indicating the preponderance of evidence shows that an act meeting the definition of maltreatment did not occur.

**Neglect: Minnesota Statutes, section 626.5572, subdivision 17**

“Neglect” means neglect by a caregiver or self-neglect.

(a) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

**Vulnerable Adult interviewed:** No. The resident moved to a skilled nursing facility.

**Family/Responsible Party interviewed:** Yes.

**Alleged Perpetrator interviewed:** Not Applicable.

**Action taken by facility:**

No action required.

**Action taken by the Minnesota Department of Health:**

No further action taken at this time.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>32047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BIRCHWOOD COTTAGES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1905 AUSTIN ROAD</b> <b>OWATONNA, MN 55060</b>
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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
0 000	<p><b>Initial Comments</b></p> <p>On September 26, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL320474790C / #HL320474123M. No correction orders are issued.</p>	0 000		

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