



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 22, 2021

Administrator
Benedictine Health Center Innsbruck
1101 Black Oak Drive
New Brighton, MN 55112

RE: CCN: 245310
Cycle Start Date: January 30, 2021

Dear Administrator:

On February 22, 2021, we notified you a remedy was imposed. On March 10, 2021 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of March 5, 2021.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective April 8, 2021 did not go into effect. (42 CFR 488.417 (b))

In our letter of February 22, 2021, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from April 8, 2021 due to denial of payment for new admissions. Since your facility attained substantial compliance on March 5, 2021, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poeping'.

Melissa Poeping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poeping@state.mn.us



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February 22, 2021

Administrator
Benedictine Health Center Innsbruck
1101 Black Oak Drive
New Brighton, MN 55112

RE: CCN: 245310
Cycle Start Date: January 30, 2021

Dear Administrator:

On January 30, 2021, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level F), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective April 8, 2021.
- Directed plan of correction (DPOC), Federal regulations at 42 CFR § 488.424. Please see electronically attached documents for the DPOC.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective April 8, 2021. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective April 8, 2021.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is

your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,160; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by April 8, 2021, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Benedictine Health Center Innsbruck will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from April 8, 2021. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), and emergency preparedness deficiencies (those preceded by an "E" tag), i.e., the plan of correction should be directed to:

**Susie Haben, Unit Supervisor
St. Cloud B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334**

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by July 30, 2021 if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

**Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462**

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Benedictine Health Center Innsbruck

February 22, 2021

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Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2021
NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER INNSBRUCK			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 BLACK OAK DRIVE NEW BRIGHTON, MN 55112		
(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) COMPLETION DATE	
E 000	Initial Comments	E 000			
F 000	<p>A COVID-19 Focused Infection Control survey was conducted January 28-30, 2021, at your facility by the Minnesota Department of Health to determine compliance with Appendix Z Emergency Preparedness Requirements. Benedictine Healthcare - Innsbruck was found to be in compliance with the Appendix Z Emergency Preparedness Requirements.</p> <p>INITIAL COMMENTS</p> <p>On January 28-30, 2021 an abbreviated survey was completed at your facility to conduct complaint investigations. Additionally, a COVID-19 Focused Infection Control survey was conducted to determine compliance with §483.80 Infection Control. The facility was determined NOT to be in compliance.</p> <p>The following complaints were found to be UNSUBSTANTIATED:</p> <p>H5310101C (MN00069415) H5310102C (MN00069455)</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form.</p> <p>Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000			
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		3/5/21	

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

TITLE

(X6) DATE

Electronically Signed

03/03/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	Continued From page 1 §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to:	F 880			

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F 880	<p>Continued From page 2</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: The facility failed to follow Minnesota Department of Health (MDH) guidance related to criteria for positive COVID-19 staff returning to work prior to the required quarantine end date for 9 staff members (NA-A, NA-B, NA-C, RN-B, RN-C, OT-A, PT-A, RN-D, and NA-D) reviewed for infection control. This deficient practice had the potential to affect all 84 residents who resided in the facility.</p> <p>Findings include:</p>	F 880	<p>How will we correct for those residents found to have been affected by the deficient practice? -No residents were impacted by this practice as all residents who came into contact with an asymptomatic COVID positive staff were already COVID positive themselves.</p> <p>How will the facility identify other residents having the potential to be impacted by the</p>		

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F 880	Continued From page 3 Minnesota Department of Health (MDH) guidance titled, "Clarification of Staffing Options for Congregate Care Facilities Experiencing Staff Shortages" dated 10/12/20, identified, "Health care workers (HCW) who have experienced a high-risk exposure to a person with COVID-19, need to be excluded from work." Further, MDH guidance identified, "Facilities must work the State Emergency Operations Center to demonstrate that the facility is having a recognized staffing crisis and must obtain approval from the MDH Commissioner before HCW who do not have symptoms but have tested positive for COVID-19 can be asked to continue working or return to work earlier than MDH and CDC guidance dictates." In addition, this document refers to the following MDH website: Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19 (https://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html) where the following is indicated, "A facility's designation of being in staffing crisis will be initiated and discontinued at the recommendation of the assigned Long-term Care Crisis Staff Manager at the State Emergency Operations Center. COVID-19-positive staff cannot work if the facility does not have this designation." A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated nursing assistant (NA)-A tested positive for COVID-19 on 10/15/20, and was asymptomatic. NA-A worked the designated COVID-19 unit on 10/16/20, 10/17/20, and 10/21/20, which were all within the required 10 day quarantine period. The staff line listing provided on 1/28/21,	F 880	same deficient practice? -No other residents were impacted as this staffing practice was discontinued on 1/21/2021. All associates COVID positive or otherwise wear all recommended PPE while on the COVID positive unit. A full review/staffing analysis was conducted and not a single staff member who worked with a COVID positive staff member tested positive for COVID within a 14 day incubation period. Therefore, no other residents were impacted via this staffing practice. Associates are screened upon entrance to the community and are not allowed to enter if COVID positive or symptomatic. What measures will be put into place or systemic changes made, to ensure that the deficient practice will not occur? Directed Plan of Correction- Quality Assurance and Performance Improvement Committee must conduct RCA to identify the problem that resulted in this deficiency. -On 1/28/2021 community leadership including Administrator, DON, ADON, Staffing Coordinator, and Infection Control RN reviewed the Clarification of Staffing Options for Congregate Care Facilities Experiencing Staff Shortages. All were educated that the practice of staffing asymptomatic COVID positive associates		

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F 880	<p>Continued From page 4</p> <p>indicated NA-B tested positive for COVID-19 on 11/10/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated NA-B returned to work the designated COVID-19 unit on 11/13/20 and 11/15/20, which were both within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated NA-C tested positive for COVID-19 on 11/10/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated NA-C returned to work the designated COVID-19 unit on 11/10/20, 11/11/20, 11/14/20, 11/15/20, 11/16/20, 11/18/20, and 11/19/20, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated RN-B tested positive for COVID-19 on 11/12/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated RN-B returned to work the designated COVID-19 unit on 11/20/20, 11/21/20, and 11/22/20, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated RN-C tested positive for COVID-19 on 11/12/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated RN-C returned to work the designated COVID-19 unit on 11/13/20, 11/14/20, 11/15/20, 11/17/20, and 11/19/20, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated occupational therapist (OT)-A tested</p>	F 880	<p>on the COVID positive unit would be discontinued effective immediately as SEOC approval had not been obtained.</p> <p>- Prior to Quality Council leadership team including DON, ADON, NHA, and IP met to completed root cause analysis utilizing the 5 why approach. Team believed we were in compliance via asymptomatic staffing outlined on page 2 while SEOC approval is spelled out further in the document. Community leadership will read entire guidance before making decisions moving forward.</p> <p>-On 2/22/2021 the Quality Council at Benedictine New Brighton met and reviewed this area of concern and root cause was reviewed.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?</p> <p>Directed Plan of Correction- Facility must provide training for Infection Preventionist and all other staff responsible for tracking and communication when an employee can return to work following exposure, symptoms, or when any staff tested positive.</p> <p>-The community completed all associate education related to the change of staffing practice. Infection Prevention alerts Human Resources and the Staffing Coordinator upon a COVID positive associate result. The COVID positive</p>		

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F 880	<p>Continued From page 5</p> <p>positive for COVID-19 on 12/1/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated OT-A returned to work the designated COVID-19 unit on 12/1/20, 12/2/20, 12/3/20, 12/4/20, 12/7/20, 12/8/20, 12/9/20, 12/10/20, and 12/11/20, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated physical therapist (PT)-A tested positive for COVID-19 on 12/4/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated PT-A returned to work the designated COVID-19 unit on 12/5/20, 12/6/20, 12/7/20, 12/8/20, 12/9/20, and 12/10, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated RN-D tested positive for COVID-19 on 12/28/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated RN-D returned to work the designated COVID-19 unit on 1/2/21, 1/3/21, 1/4/21, and 1/6/21, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated NA-D tested positive for COVID-19 on 1/12/21, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated NA-D returned to work the designated COVID-19 unit on 1/13/21, 1/14/21, 1/16/21, 1/18/21, 1/19/21, 1/20/21, and 1/21/21.</p> <p>When interviewed on 1/29/21, at 11:19 a.m. the assistant director of nursing (ADON) stated one</p>	F 880	<p>associate is notified related to quarantine expectations and return to work guidance. No COVID positive associate has worked on the COVID positive neighborhood since 1/21/2021. All associates who have been COVID positive since 1/21/2021 have followed the appropriate return to work guidance.</p> <p>DON/designee reviews COVID positive associate tracking weekly to ensure return to work guidance is being followed. No concerns have been identified since 1/21/2021.</p> <p>The date that this deficient staffing practice was discontinued?</p> <p>-No COVID positive associate has worked on the COVID positive neighborhood since 1/21/2021. All COVID positive associates since 1/21/2021 have followed the appropriate return to work criteria.</p>		

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER INNSBRUCK			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 BLACK OAK DRIVE NEW BRIGHTON, MN 55112		
(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) COMPLETION DATE	
F 880	<p>Continued From page 6</p> <p>hallway of the transitional care unit (TCU) had been converted into a dedicated COVID-19 unit. This unit had a separate entrance and exit for staff to use. That unit is has dedicated employees. "If they [staff] are [positive for COVID 19 but] asymptomatic and able to function they can only work on the COVID unit...."</p> <p>When interviewed on 1/29/21, at 11:37 a.m. registered nurse (RN-A)/Infection Preventionist stated if a staff member tests positive for COVID-19 but remains asymptomatic they are given the option "based on MDH [Minnesota Department of Health] guidelines to quarantine for 14 days at home" or if they would rather continue to work "they work exclusively on the COVID unit. They will work only on the COVID unit until they are done with their quarantine period." Additionally, RN-A stated he had worked with the facility's assigned COVID-19 case manager after the first cases in the facility, but now the case manager "just checks in with us and most of the time we are on track."</p> <p>When interviewed on 1/29/21, at 12:35 p.m. the director of nursing (DON) stated, "The rules are pretty clear. We contract with a pool agency. We reach out to the pool. We have managers working the floor. If we can't fill it [open position] we have asymptomatic staff work. It is staff choice. This is a last resort. We have to exhaust all other options before we do this." The DON clarified that the facility is in a "staffing crisis."</p> <p>When interviewed on 1/29/21, at 1:05 p.m. the administrator stated that the facility has utilized all recommended staffing suggestions including: hazard pay, leadership working the floor, and 12 hour shifts which were unsuccessful since staff</p>	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/05/2021
FORM APPROVED
OMB NO. 0938-0391

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F 880	<p>Continued From page 7</p> <p>didn't want to work the longer shifts. After all of these options were attempted, the facility used asymptomatic, COVID positive staff to work exclusively on the designated COVID-19 unit to cover shifts that could not be filled through any other means. The administrator added, "I did not coordinate with the SEOC [State Emergency Operations Center]. That's where I misinterpreted the information."</p> <p>In a follow-up interview with the DON and administrator on 1/29/21, at 1:52 p.m. the DON stated, "The only staff that fills in on the COVID unit are staff who are within 90 days of testing positive [for COVID] themselves." They explained that only dedicated direct care staff, including nurses, nursing assistants, and therapists go on the COVID [19] unit. Dietary staff bring food for meal service or snacks to the sealed entrance in the hallway, then a staff member from the unit takes it from there. The social worker and dietitian are providing support and completing necessary assessments via Zoom. The unit has a dedicated housekeeper who does not provide service to the rest of the building. The Administrator, the DON, and maintenance staff have not been on the unit themselves.</p> <p>On 1/29/21, the DON provided a list of staff who have tested positive for COVID-19 from 11/11/20 - 1/26/21. Of the 60 staff members listed 10 are noted to be asymptomatic, COVID-positive, and willing to return work prior to completing a 10 days quarantine period.</p> <p>A facility document titled, "Key Goals for the U.S. healthcare system in response to the COVID-19 outbreak" (undated), indicated, "Associates that do develop COVID-19 will need to be off for 10</p>	F 880			

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F 880	Continued From page 8 days and 24 hours after symptoms subside or improve.	F 880			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 22, 2021

Administrator
Benedictine Health Center Innsbruck
1101 Black Oak Drive
New Brighton, MN 55112

Re: State Nursing Home Licensing Orders
Event ID: 7CRB11

Dear Administrator:

The above facility was surveyed on January 28, 2021 through January 30, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and 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.

Benedictine Health Center Innsbruck

February 22, 2021

Page 2

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Susie Haben, Unit Supervisor
St. Cloud B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.



Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/30/2021
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER INNSBRUCK	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 BLACK OAK DRIVE NEW BRIGHTON, MN 55112
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On January 28-29, 2021, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE
03/03/21

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>The following complaints were found to be UNSUBSTANTIATED: H5310101C (MN00069415) H5310102C (MN00069455)</p> <p>However, licensing order were issued as a result of a Focus Infection Control survey conducted while onsite.</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/rules for Nursing Homes. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm. The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will</p>	2 000		

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2 000	Continued From page 2 be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. 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.	2 000		
21390	MN Rule 4658.0800 Subp. 4 A-I Infection Control Subp. 4. Policies and procedures. The infection control program must include policies and procedures which provide for the following: A. surveillance based on systematic data collection to identify nosocomial infections in residents; B. a system for detection, investigation, and control of outbreaks of infectious diseases; C. isolation and precautions systems to reduce risk of transmission of infectious agents; D. in-service education in infection prevention and control; E. a resident health program including an immunization program, a tuberculosis program as defined in part 4658.0810, and policies and procedures of resident care practices to assist in the prevention and treatment of infections; F. the development and implementation of employee health policies and infection control practices, including a tuberculosis program as defined in part 4658.0815; G. a system for reviewing antibiotic use; H. a system for review and evaluation of products which affect infection control, such as disinfectants, antiseptics, gloves, and	21390		3/5/21

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21390	<p>Continued From page 3</p> <p>incontinence products; and</p> <p>I. methods for maintaining awareness of current standards of practice in infection control.</p> <p>This MN Requirement is not met as evidenced by: The facility failed to follow Minnesota Department of Health (MDH) guidance related to criteria for positive COVID-19 staff returning to work prior to the required quarantine end date for 9 staff members (NA-A, NA-B, NA-C, RN-B, RN-C, OT-A, PT-A, RN-D, and NA-D) reviewed for infection control. This deficient practice had the potential to affect all 84 residents who resided in the facility.</p> <p>Findings include:</p> <p>Minnesota Department of Health (MDH) guidance titled, "Clarification of Staffing Options for Congregate Care Facilities Experiencing Staff Shortages" dated 10/12/20, identified, "Health care workers (HCW) who have experienced a high-risk exposure to a person with COVID-19, need to be excluded from work." Further, MDH guidance identified, "Facilities must work the State Emergency Operations Center to demonstrate that the facility is having a recognized staffing crisis and must obtain approval from the MDH Commissioner before HCW who do not have symptoms but have tested positive for COVID-19 can be asked to continue working or return to work earlier than MDH and CDC guidance dictates." In addition, this document refers to the following MDH website: Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19 (https://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html) where the following is</p>	21390	Corrected.	

Minnesota Department of Health

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21390	<p>Continued From page 4</p> <p>indicated, "A facility's designation of being in staffing crisis will be initiated and discontinued at the recommendation of the assigned Long-term Care Crisis Staff Manager at the State Emergency Operations Center. COVID-19-positive staff cannot work if the facility does not have this designation."</p> <p>A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated nursing assistant (NA)-A tested positive for COVID-19 on 10/15/20, and was asymptomatic. NA-A worked the designated COVID-19 unit on 10/16/20, 10/17/20, and 10/21/20, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated NA-B tested positive for COVID-19 on 11/10/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated NA-B returned to work the designated COVID-19 unit on 11/13/20 and 11/15/20, which were both within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated NA-C tested positive for COVID-19 on 11/10/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated NA-C returned to work the designated COVID-19 unit on 11/10/20, 11/11/20, 11/14/20, 11/15/20, 11/16/20, 11/18/20, and 11/19/20, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated RN-B tested positive for COVID-19 on 11/12/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated RN-B returned to</p>	21390		

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21390	<p>Continued From page 5</p> <p>work the designated COVID-19 unit on 11/20/20, 11/21/20, and 11/22/20, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated RN-C tested positive for COVID-19 on 11/12/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated RN-C returned to work the designated COVID-19 unit on 11/13/20, 11/14/20, 11/15/20, 11/17/20, and 11/19/20, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated occupational therapist (OT)-A tested positive for COVID-19 on 12/1/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated OT-A returned to work the designated COVID-19 unit on 12/1/20, 12/2/20, 12/3/20, 12/4/20, 12/7/20, 12/8/20, 12/9/20, 12/10/20, and 12/11/20, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated physical therapist (PT)-A tested positive for COVID-19 on 12/4/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated PT-A returned to work the designated COVID-19 unit on 12/5/20, 12/6/20, 12/7/20, 12/8/20, 12/9/20, and 12/10, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated RN-D tested positive for COVID-19 on 12/28/20, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated RN-D returned to</p>	21390		

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21390	<p>Continued From page 6</p> <p>work the designated COVID-19 unit on 1/2/21, 1/3/21, 1/4/21, and 1/6/21, which were all within the required 10 day quarantine period.</p> <p>The staff line listing provided on 1/28/21, indicated NA-D tested positive for COVID-19 on 1/12/21, and was asymptomatic. A facility document titled, "COVID Positive Worked" provided on 2/1/21, indicated NA-D returned to work the designated COVID-19 unit on 1/13/21, 1/14/21, 1/16/21, 1/18/21, 1/19/21, 1/20/21, and 1/21/21.</p> <p>When interviewed on 1/29/21, at 11:19 a.m. the assistant director of nursing (ADON) stated one hallway of the transitional care unit (TCU) had been converted into a dedicated COVID-19 unit. This unit had a separate entrance and exit for staff to use. That unit is has dedicated employees. "If they [staff] are [positive for COVID 19 but] asymptomatic and able to function they can only work on the COVID unit...."</p> <p>When interviewed on 1/29/21, at 11:37 a.m. registered nurse (RN-A)/Infection Preventionist stated if a staff member tests positive for COVID-19 but remains asymptomatic they are given the option "based on MDH [Minnesota Department of Health] guidelines to quarantine for 14 days at home" or if they would rather continue to work "they work exclusively on the COVID unit. They will work only on the COVID unit until they are done with their quarantine period." Additionally, RN-A stated he had worked with the facility's assigned COVID-19 case manager after the first cases in the facility, but now the case manager "just checks in with us and most of the time we are on track."</p> <p>When interviewed on 1/29/21, at 12:35 p.m. the</p>	21390		

Minnesota Department of Health

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21390	<p>Continued From page 7</p> <p>director of nursing (DON) stated, "The rules are pretty clear. We contract with a pool agency. We reach out to the pool. We have managers working the floor. If we can't fill it [open position] we have asymptomatic staff work. It is staff choice. This is a last resort. We have to exhaust all other options before we do this." The DON clarified that the facility is in a "staffing crisis."</p> <p>When interviewed on 1/29/21, at 1:05 p.m. the administrator stated that the facility has utilized all recommended staffing suggestions including: hazard pay, leadership working the floor, and 12 hour shifts which were unsuccessful since staff didn't want to work the longer shifts. After all of these options were attempted, the facility used asymptomatic, COVID positive staff to work exclusively on the designated COVID-19 unit to cover shifts that could not be filled through any other means. The administrator added, "I did not coordinate with the SEOC [State Emergency Operations Center]. That's where I misinterpreted the information."</p> <p>In a follow-up interview with the DON and administrator on 1/29/21, at 1:52 p.m. the DON stated, "The only staff that fills in on the COVID unit are staff who are within 90 days of testing positive [for COVID] themselves." They explained that only dedicated direct care staff, including nurses, nursing assistants, and therapists go on the COVID [19] unit. Dietary staff bring food for meal service or snacks to the sealed entrance in the hallway, then a staff member from the unit takes it from there. The social worker and dietitian are providing support and completing necessary assessments via Zoom. The unit has a dedicated housekeeper who does not provide service to the rest of the building. The Administrator, the DON, and maintenance staff</p>	21390		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/30/2021
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER INNSBRUCK	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 BLACK OAK DRIVE NEW BRIGHTON, MN 55112
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21390	<p>Continued From page 8</p> <p>have not been on the unit themselves.</p> <p>On 1/29/21, the DON provided a list of staff who have tested positive for COVID-19 from 11/11/20 - 1/26/21. Of the 60 staff members listed 10 are noted to be asymptomatic, COVID-positive, and willing to return work prior to completing a 10 days quarantine period.</p> <p>A facility document titled, "Key Goals for the U.S. healthcare system in response to the COVID-19 outbreak" (undated), indicated, "Associates that do develop COVID-19 will need to be off for 10 days and 24 hours after symptoms subside or improve.</p> <p>SUGGESTED METHOD OF CORRECTION: The DON (Director of Nursing) or designee should review/revise facility policies to ensure the facility is following all components of guidance provided by MDH related to the COVID 19 pandemic and LTC staffing strategies.</p> <p>Time Period for Correction: Twenty-one (21) days.</p>	21390		