CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

					AND TRANSMITTAL FE SURVEY AGENCY		ID: BBPD Facility ID: 31401
1. MEDICARE/MEDICAID PROVIDE (L1) 245633 2.STATE VENDOR OR MEDICAID NO (L2) 639470200 5. EFFECTIVE DATE CHANGE OF O (L9)).	3. NAME AND AD (L3) ST BENEDIO (L4) 990 19TH ST (L5) SARTELL, I 7. PROVIDER/SU 01 Hospital	CTS SENIOR C TREET SOUTH MN	OMMUNI	(L6) 56377 <u>02</u> (L7) 13 PTIP 22 CLIA	4. TYPE OF ACTIO 1. Initial 3. Termination 5. Validation 7. On-Site Visit 8. Full Survey After	2. Recertification 4. CHOW 6. Complaint 9. Other
6. DATE OF SURVEY 01/2 8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Other	9/2018 (L34) (L10)	02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF	06 PRTF 07 X-Ray 08 OPT/SP	10 NF 11 ICF/IID 12 RHC	14 CORF 15 ASC 16 HOSPICE	FISCAL YEAR ENDI	NG DATE: (L35)
11. LTC PERIOD OF CERTIFICATION From (a): To (b): 12.Total Facility Beds 13.Total Certified Beds 14. LTC CERTIFIED BED BREAKDO 18 SNF 18/19 SNF 24 (L37) (L38) 16. STATE SURVEY AGENCY REMARKS	24 (L18) 24 (L17) WN 19 SNF (L39)	B. Not in Cor Requirements:	nce With Requirements ce Based On: Acceptable POC mpliance with Progrand/or Applied Wait IID (L43)	am vers:	And/Or Approved Waivers Of Th 2. Technical Personnel 3. 24 Hour RN 4. 7-Day RN (Rural SNF 5. Life Safety Code * Code: A 15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1):	6. Scope of S 7. Medical D	tervices Limit irector om Size
17. SURVEYOR SIGNATURE Brenda Fischer, Unit	Supervisor	Date :	01/30/2018		18. STATE SURVEY AGENCY		Date:
	-			(L19)	Douglas S. Larson, Enf		01/30/2018 (L20)
DETERMINATION OF ELIGIBILI _X1. Facility is Eligible to2. Facility is not Eligible	TY Participate	20. COM	BY HCFA RE MPLIANCE WITH G GHTS ACT:			ncial Solvency (HCFA-257 ol Interest Disclosure Stmt	
22. ORIGINAL DATE OF PARTICIPATION 10/26/2016 (L24)	23. LTC AGREEM BEGINNING (L41)		4. LTC AGREEM ENDING DATI		26. TERMINATION ACTION: VOLUNTARY 00 01-Merger, Closure 02-Dissatisfaction W/ Reimburseme	05-Fail to	(L30) NTARY Meet Health/Safety Meet Agreement
25. LTC EXTENSION DATE: (L27)	27. ALTERNATI A. Suspension B. Rescind Sus	n of Admissions:	(L44) (L45)		03-Risk of Involuntary Termination 04-Other Reason for Withdrawal	OTHER	ler Status Change
28. TERMINATION DATE:	29	. INTERMEDIARY/0	CARRIER NO.		30. REMARKS		
	(L28)	06201		(L31)			
31. RO RECEIPT OF CMS-1539	32	. DETERMINATION	OF APPROVAL DA	ATE			

(L33)

DETERMINATION APPROVAL

01/30/2018

(L32)



Protecting, Maintaining and Improving the Health of All Minnesotans

CMS Certification Number (CCN): 245633 January 30, 2018

Ms. Robin Theis, Administrator St. Benedicts Senior Community 990 19th Street South Sartell, MN 56377

Dear Ms. Theis:

The Minnesota Department of Health assists the Centers for Medicare and Medicaid Services (CMS) by surveying skilled nursing facilities and nursing facilities to determine whether they meet the requirements for participation. To participate as a skilled nursing facility in the Medicare program or as a nursing facility in the Medicaid program, a provider must be in substantial compliance with each of the requirements established by the Secretary of Health and Human Services found in 42 CFR part 483, Subpart B.

Based upon your facility being in substantial compliance, we are recommending to CMS that your facility be recertified for participation in the Medicare and Medicaid program.

Effective January 16, 2018, the above facility is recommended for:

24 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 24 skilled nursing facility beds. You should advise our office of any changes in staffing, services, or organization, which might affect your certification status. If, at the time of your next survey, we find your facility to not be in substantial compliance your Medicare and Medicaid provider agreement may be subject to non-renewal or termination.

Please contact me if you have any questions related to this electronic notice.

Sincerely,

Licensing and Certification Program

Minnesota Department of Health

P.O. Box 64900

Anne Peterson -

St. Paul, MN 55164-0900

anne.peterson@state.mn.us

Telephone #: 651-201-4206 Fax #: 651-215-9697

St. Paul, MN 55164-0900

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

January 30, 2018

Ms. Robin Theis, Administrator St. Benedicts Senior Community 990 19th Street South Sartell, MN 56377

RE: Project Number S5633001

Dear Ms. Theis:

On December 20, 2017, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on December 7, 2017. This survey found the most serious deficiencies to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F) whereby corrections were required.

On January 29, 2018, the Minnesota Department of Health completed a Post Certification Revisit (PCR) by review of your plan of correction and on January 3, 2018 the Minnesota Department of Public Safety completed a PCR to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on December 7, 2017. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of January 16, 2018. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on December 7, 2017, effective January 16, 2018 and therefore remedies outlined in our letter to you dated December 20, 2017, will not be imposed.

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.

Feel free to contact me if you have questions related to this electronic notice.

Sincerely,

Licensing and Certification Program Minnesota Department of Health

P.O. Box 64900

St. Paul, MN 55164-0900

Anne Retension _

anne.peterson@state.mn.us

Telephone #: 651-201-4206 Fax #: 651-215-9697

cc: Licensing and Certification File

CENTERS FOR MEDICARE & MEDICAID SERVICES

					AND TRANSMITTAL TE SURVEY AGENCY	ID: BBPD Facility ID: 31401	
(L2) 639470200	(L1) 245633 2.STATE VENDOR OR MEDICAID NO. (L2) 639470200 5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) 6. DATE OF SURVEY 12/07/2017 (L34)			COMMUNI RY 09 ESRD	(L6) 56377 02 (L7) 13 PTIP 22 CLIA	4. TYPE OF ACTION: 2 (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other 8. Full Survey After Complaint	
6. DATE OF SURVEY 1: 8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Oth	(L10)	02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF	06 PRTF 07 X-Ray 08 OPT/SP	10 NF 11 ICF/IID 12 RHC	14 CORF 15 ASC 16 HOSPICE	FISCAL YEAR ENDING DATE: (L35) 06/30	
11LTC PERIOD OF CERTIFICATI From (a): To (b): 12.Total Facility Beds 13.Total Certified Beds	24 (L18) 24 (L17)	Complianc1.	nce With equirements the Based On:	ram	And/Or Approved Waivers Of 7 2. Technical Personnel 3. 24 Hour RN 4. 7-Day RN (Rural St) 5. Life Safety Code * Code: B*	d 6. Scope of Services Limit 7. Medical Director	
14. LTC CERTIFIED BED BREAKI 18 SNF 18/19 St 24 (L37) (L38)		ICF (L42)	IID (L43)		15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1):	(L15)	
16. STATE SURVEY AGENCY RE	MARKS (IF APPLICABL	E SHOW LTC CANCE	ELLATION DATE):			
17. SURVEYOR SIGNATURE Michelle Thompson	, HFE-NE II	Date : 01/0	9/2018	(L19)	18. STATE SURVEY AGENCY APPROVAL Date: Anne Peterson, Enforcement Specialist 01/30/2018		
	PART II - TO BE	COMPLETED	BY HCFA RI	` /	L OFFICE OR SINGLE S	TATE AGENCY	
DETERMINATION OF ELIGIB 1. Facility is Eligible 2. Facility is not Eligible	to Participate		IPLIANCE WITH GHTS ACT:	CIVIL		nancial Solvency (HCFA-2572) trol Interest Disclosure Stmt (HCFA-1513) ve:	
22. ORIGINAL DATE	23. LTC AGREEM	ENT 24	4. LTC AGREEM	ENT	26. TERMINATION ACTION:	(L30)	
OF PARTICIPATION 10/26/2016	BEGINNING	DATE	ENDING DAT	Е	01-Merger, Closure	00 INVOLUNTARY 05-Fail to Meet Health/Safety	
(L24) 25. LTC EXTENSION DATE:	(L41) 27. ALTERNATI A. Suspension	/E SANCTIONS of Admissions:	(L25)		02-Dissatisfaction W/ Reimburser 03-Risk of Involuntary Terminatio 04-Other Reason for Withdrawal		
(L27)	B. Rescind Sus	pension Date:					

(L45)

30. REMARKS

DETERMINATION APPROVAL

(L31)

(L33)

29. INTERMEDIARY/CARRIER NO.

32. DETERMINATION OF APPROVAL DATE

06201

(L28)

(L32)

28. TERMINATION DATE:

31. RO RECEIPT OF CMS-1539



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 20, 2017

Ms. Robin Theis, Administrator St. Benedict's Senior Community 990 19th Street South Sartell, MN 56377

RE: Project Number S5633001

Dear Ms. Theis:

On December 7, 2017, a standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety 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 attached CMS-2567 whereby corrections are required.

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.

This letter provides important information regarding your response to these deficiencies and addresses the following issues:

<u>Opportunity to Correct</u> - the facility is allowed an opportunity to correct identified deficiencies before remedies are imposed;

<u>Electronic Plan of Correction</u> - when a plan of correction will be due and the information to be contained in that document;

<u>Remedies</u> - the type of remedies that will be imposed with the authorization of the Centers for Medicare and Medicaid Services (CMS) if substantial compliance is not attained at the time of a revisit;

<u>Potential Consequences</u> - the consequences of not attaining substantial compliance 3 and 6 months after the survey date; and

<u>Informal Dispute Resolution</u> - your right to request an informal reconsideration to dispute the attached deficiencies.

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.

DEPARTMENT CONTACT

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

Brenda Fischer, Unit Supervisor
St. Cloud A Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: brenda.fischer@state.mn.us

Phone: (320) 223-7338 Fax: (320) 223-7348

OPPORTUNITY TO CORRECT - DATE OF CORRECTION - REMEDIES

As of January 14, 2000, CMS policy requires that facilities will not be given an opportunity to correct before remedies will be imposed when actual harm was cited at the last standard or intervening survey and also cited at the current survey. Your facility does not meet this criterion. Therefore, if your facility has not achieved substantial compliance by January 16, 2018, the Department of Health will impose the following remedy:

• State Monitoring. (42 CFR 488.422)

In addition, the Department of Health is recommending to the CMS Region V Office that if your facility has not achieved substantial compliance by January 16, 2018 the following remedy will be imposed:

• Per instance civil money penalty. (42 CFR 488.430 through 488.444)

ELECTRONIC PLAN OF CORRECTION (ePoC)

An ePoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your ePoC must:

- Address how corrective action will be accomplished for those residents found to have been

affected by the deficient practice;

- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,
- Submit electronically to acknowledge your receipt of the electronic 2567, your review and your ePoC submission.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable ePoC could also result in the termination of your facility's Medicare and/or Medicaid agreement.

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. Your signature at the bottom of the first page of the CMS-2567 form will be used as verification of compliance. 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, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification. A Post Certification Revisit (PCR) will occur after the date you identified that compliance was achieved in your plan of correction.

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.

Original deficiencies not corrected

If your facility has not achieved substantial compliance, we will impose the remedies described above. If the level of noncompliance worsened to a point where a higher category of remedy may be imposed, we will recommend to the CMS Region V Office that those other remedies be imposed.

Original deficiencies not corrected and new deficiencies found during the revisit

If new deficiencies are identified at the time of the revisit, those deficiencies may be disputed through the informal dispute resolution process. However, the remedies specified in this letter will be imposed for original deficiencies not corrected. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed.

Original deficiencies corrected but new deficiencies found during the revisit

If new deficiencies are found at the revisit, the remedies specified in this letter will be imposed. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed. You will be provided the required notice before the imposition of a new remedy or informed if another date will be set for the imposition of these remedies.

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

If substantial compliance with the regulations is not verified by March 7, 2018 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the

result of a complaint visit or other survey conducted after the original statement of deficiencies was issued. This mandatory denial of payment is in addition to any remedies that may still be in effect as of this date.

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 June 7, 2018 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

INFORMAL DISPUTE RESOLUTION

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:

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: http://www.health.state.mn.us/divs/fpc/profinfo/ltc/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: http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm

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.

Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

Mr. Tom Linhoff, Fire Safety Supervisor Health Care Fire Inspections Minnesota Department of Public Safety State Fire Marshal Division 445 Minnesota Street, Suite 145 St. Paul, Minnesota 55101-5145

> Email: tom.linhoff@state.mn.us Telephone: (651) 430-3012

Fax: (651) 215-0525

Feel free to contact me if you have questions related to this electronic notice.

Sincerely,

Anne Petenson_

Licensing and Certification Program Minnesota Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 anne.peterson@state.mn.us

Telephone #: 651-201-4206 Fax #: 651-215-9697

cc: Licensing and Certification File

PRINTED: 01/29/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245633	B. WING			12/	07/2017
	PROVIDER OR SUPPLIER	MUNITY		99	TREET ADDRESS, CITY, STATE, ZIP CODE 90 19TH STREET SOUTH ARTELL, MN 56377	, . <u>-</u>	· · · · · · · · · · · · · · · · · · ·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
E 000	Initial Comments		E 0	00			
	Emergency Prepar conducted 12/05/17 recertification surve						
F 000	The facility was in findeficiencies are iss		F 0	00			
	was completed by some Department of Hear compliance with the	707/17, a recertification survey surveyors from the Minnesota lth (MDH) to determine e regulations at 42 CFR Part uirements for Long Term Care					
	as your allegation of Department's accessorial enrolled in ePOC, year the bottom of the	f correction (POC) will serve of compliance upon the ptance. Because you are your signature is not required e first page of the CMS-2567 ic submission of the POC will tion of compliance.					
F 561 SS=D	on-site revisit of you validate that substa	acceptable electronic POC, an ur facility will be conducted to antial compliance with the en attained in accordance with	F 5	61			1/16/18
I ABORATOR	promote and facilitathrough support of not limited to the rig	ermination. Ite right to and the facility must ate resident self-determination resident choice, including but ghts specified in paragraphs (f) DER/SUPPLIER REPRESENTATIVE'S SIGN	ΙΔΤΙ ΙΡΕ		TITLE		(X6) DATE

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.

Electronically Signed

12/27/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245633	B. WING			12/0	7/2017
	PROVIDER OR SUPPLIER			99	REET ADDRESS, CITY, STATE, ZIP CODE 00 19TH STREET SOUTH ARTELL, MN 56377		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 561	activities, schedule waking times), hea care services consassessments, and applicable provision §483.10(f)(2) The choices about asperacility that are sign §483.10(f)(3) The with members of the community activities facility. §483.10(f)(8) The participate in other religious, and communiterfere with the refacility. This REQUIREME by: Based on interview facility failed to heles smoking as desire who wanted to smoking as desired who wanted to smo	resident has a right to choose is (including sleeping and alth care and providers of health distent with his or her interests, plan of care and other ins of this part. resident has a right to make exts of his or her life in the inficant to the resident. resident has a right to interact in experimental	F 5	61	F561 SELF-DETERMINATION Address how corrective action will to accomplished for those residents for have been affected by the deficient practice: On 12/6/17, RNCC-B visited with R person and R110's son over the phediscuss R110's wish to smoke and risks of smoking while wearing a nit patch as well as the need for assist from family or friends if R110 was not to get off campus independently. R reviewed with R110 that staff would assist with smoking activities due to	110 in one to review cotine ance ot able NCC-B	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245633	B. WING		12	/07/2017	
	PROVIDER OR SUPPLIER EDICTS SENIOR COM	IMUNITY		STREET ADDRESS, CITY, STATE, ZIP (990 19TH STREET SOUTH SARTELL, MN 56377	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION	N SHOULD BE	(X5) COMPLETION DATE	
F 561	stated she would "be could smoke while R110 compared he using anxiety pills at the same "calming" would rather smoke like others sometime physically able to sher and I "do every been told she need rule here I guess," a stupid." During interview on assistant (NA)-A state outside while bendibutts from the grou unable to "physicall outside to smoke a non-smoking camp When interviewed on R110's family mem was the "most important to take here difficult." FM-D state with a nicotine patch been discussed or smoke as she desire expressing desires the facility. FM-D allowing R110 to sin however, they were	on 12/5/17, at 10:10 a.m. R110 be happier than punch," if she at the facility for rehabilitation. It is smoking to other people and stated her smoking had affect for her adding she at than start taking medication has have to. R110 stated was moke without anyone helping thing on my own," but had ed family with her as "that's a land added "which I think is a land added "which I think is a land added "which I think is a land added to a stand by mbulation and spends most of from. R110 did, at times, self without staff assistance. It is a land a sustained a fall and over to pick up cigarette and, however, added staff were by take them [residents]" is it was the facility policy and a	F 5	a nonsmoking campus but with dressing and mobility whelp her dress in appropriar clothing and reach the facilias well as the need to safel smoking material and secu when not in use in R110's lebedside drawer or with nurse During RNCC-B's discussion R110 declined to smoke the assessed and also denied smoking material present in R110's son confirmed on 12 had R110's smoking material be keeping it for safety; bring visited to assist R110 with standard to assessment with R110 with family involvement. R110's wish for R110 to be alone of smoking to which R110 agressessment deemed R110 smoke outside with family fand safety. On 12/7/17, R1 physician gave orders for phicotine patch and remove before smoking. Patch was off for one hour after smoking reapplication. R110 and R1 in agreement with this plan satisfaction with creating a promoted R110's safety when wish to smoke while at faciliary originating 02/2016, review reviews that patients are gifthe Minnesota and Federal upon admission informing the rights including the right to self-determination and choice.	within facility to te outdoor ity exit safely ly store uring them ockable sing staff. on on 12/6/17, at day to be having in her room. 2/6/17 that he ial and would ning it when he smoking. oking ch included son did not outside reed. Smoking appropriate to for supervision 10's round oatient to utilize one hour s also to remain ing before 10's son were and expressed plan that hile honoring lity. A policy red annually, ven a copy of Bill of Rights them of their		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		245633	B. WING _		12/	07/2017	
	PROVIDER OR SUPPLIER EDICTS SENIOR COI			STREET ADDRESS, CITY, STATE, ZIP CO 990 19TH STREET SOUTH SARTELL, MN 56377			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 561	on her own." When interviewed registered nurse (I wished to smoke I without staff assis R110 sustained a she had been outs wheelchair. Since again" about going have reported to F to smoke, at times cigarettes and offe RN-A was unawar interventions in plaresiding at the facher abilities and do R110's medical re any evidence the I help develop a plasmoke outside as requested. On 12/6/17, at 5:1 coordinator (RNCO (DON) were interversident wished to facility, the staff "wand friends," to he stated they were a continue smoking it so a plan to coul smoke for her "pa" "quality of life."	on 12/6/17, at 4:34 p.m. RN)-A stated residents' who had to do so on their own and tance as "that's policy here." fall since she admitted in which side smoking and fell out of here falling, R110 "has asked gout to smoke and other staff RN-A about her continued desire is, even asking others for ering to pay them for some. The ering to pay them for some is entire to help R110 smoke while lity, and added an evaluation to esires would be beneficial. The ering to pay them for some is entire to help R110 smoke while lity, and added an evaluation to esires would be beneficial. The ering to pay them for some is entire to help R110 smoke while accepted and lacked facility had worked with R110 to nowhich would allow her to she desired and had The ering to pay them for some is entire to help R110's desire to and staff should have reported do be developed to allow her to the tentered care," and	F 56	Address how the facility will i residents having the potentia affected by the same deficient All other patients present in for 12/7/17 were asked if they use to bacco products or had a work while at facility. No other patients identified as having a desire to bacco products while at facility plans its performance to make sure solutions are sustained. The develop a plan for ensuring the is achieved and sustained. The develop a plan for ensuring the is achieved and sustained. The implemented, and the conference of correction is integrated introduced in the form of a comemo by 1/9/18 reviewing the is a Tobacco Free Campus a promote patient centered can patients desires to utilize to be products while at facility while safety. The communication were view safe smoking material need to report smoking staff will mandatory education by 1/16 include the following tonics: Information. Nursing staff will mandatory education by 1/16 include the following tonics: Information to the followi	al to be ant practice: acility on tilized ish to smoke tents were to utilize cility. Is to monitor that facility must that correction this plan must rective action is. The plan to the quality ceive is to the facility and need to re and honor acco to promoting will also all storage, the crial that is not for patients for safety, and Copies of the oreach staff as posted in knowledge of I complete is/18 which will		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		245633	B. WING _		12/0	7/2017	
	PROVIDER OR SUPPLIER	MUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 990 19TH STREET SOUTH SARTELL, MN 56377				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 561	Continued From page 4 Free of Accident Hazards/Supervision/Devices		F 56	and choice, facility smoking policy, smoking material storage, compon a safe and comprehensive smoking of care, and competency of materia knowledge. Staff who have not contraining by 1/16/18 will be removed the schedule until completion of education. Nursing staff will audit the smoking preference of each patien inquiring if each patient utilizes toba has a desire to use tobacco while a facility and create a safe plan if indincluding a smoking assessment if already completed and appropriate Services or admission paperwork designee will continue to review that facilitt is a Tobacco Free Campus admission and offer nicotine replace plans or assessment for safe smok desired. Self-Determination of Tobal Use Audits will be completed at least monthly by nursing or designee to ecompliance. Results of audits will be reported to QAA/QAPI for review a recommendation of ongoing frequent audits to ensure continued regulating compliance with acknowledgement patient self-determination and choice.	g plan al inpleted from ne t, acco or at icated not . Social at the upon ement ing if acco st ensure en on on of ce.	1/16/18	
SS=D	CFR(s): 483.25(d)(§483.25(d) Accident The facility must en §483.25(d)(1) The range of accident §483.25(d)(2)Each	1)(2) ts.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		245633	B. WING		12/0	7/2017
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 990 19TH STREET SOUTH SARTELL, MN 56377	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE	(X5) COMPLETION DATE
F 689	by: Based on observareview, the facility assess and develor safety with smoking who was smoking Findings include: R110's BIMS (Bried 3.0/Delirium - V2 (acognition) dated 12 intact cognition with from her baseline. On 12/5/17, at 10: in her room. R110 sustained a fall who bent over in her who cigarette butts from to want to smoke who stated she needed here I guess." R12 single cigarette on the lighter was "so she would "be hap go outside and sm completed all aspeashing, disposing) physical help from R110's progress not safety."	ation, interview and document failed to comprehensively op interventions to promote g for 1 of 1 residents (R110) outside the facility. Interview Mental Status) assessment used to determine 2/1/17, identified R110 had had had no mental status changes In a.m. R110 was interviewed stated she recently had ile outside smoking as she neelchair to pick up used in the ground. R110 continued while at the facility, however family with her as "that's a rule to showed the surveyor a her bedside table and stated mewhere" in her room adding pier than punch" if she could oke. Further, R110 stated she ects of smoking (i.e. lighting, on her own and needed to	F 689	,	be found to it R110 in hone to I review icotine stance not able RNCC-B d not to being nelp acility to proper safely emedia. 2/6/17, o be soon. That he would when he	
	noted to go outside without assistive d started on nicotine	e independently to smoke evice." As a result, R110 was replacement therapy. A ess note dated 11/29/17.		assessment with R110 which inclufing family involvement. R110's son did wish for R110 to be alone outside smoking to which R110 agreed. Si	d not	

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245633	B. WING			12/(07/2017
NAME OF F	PROVIDER OR SUPPLIEF	3		ST	REET ADDRESS, CITY, STATE, ZIP CODE	12/0	7172017
					0 19TH STREET SOUTH		
ST BENE	DICTS SENIOR CO	MMUNITY			ARTELL, MN 56377		
(X4) ID	SUMMARY S	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI) TAG	X	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		COMPLÉTION DATE
F 689	Continued From p	age 6	F 6	89			
		as using nicotine replacement		.00	assessment deemed R110 appropr	riata ta	
		ot smoked since her fall. The			smoke outside with family for supe		
		110] desires to begin smoking			and safety. On 12/7/17, R110's rou		
		ormal smoking assessment will			physician gave orders for patient to		
	be completed."	orman ormoning acceptancing will			nicotine patch and remove one hou		
					before smoking. Patch was also to		
	R110's care plan	dated 11/27/17, identified R110			off for one hour after smoking befo		
		n respiratory status related to			reapplication. R110 and R110's sor		
	pneumonia and "s	moker status," and listed			in agreement with this plan and exp	ressed	
		taff to provide including			satisfaction with creating a plan tha		
		gen, providing medications and,			promoted R110's safety while hono		
		ed." The care plan lacked any			wish to smoke while at facility. A po		
	turther information	n pertaining to R110's smoking.			originating 02/2016, reviewed annu		
	\^/ban interviewa	an 40/0/47 at 0:45 n m			reviews that patients are given a co		
		on 12/6/17, at 2:15 p.m.			the Minnesota and Federal Bill of R		
		(NA)-A stated R110 does self on her own, however, was not			upon admission informing them of rights including the right to	rieii	
		er safety. R110 had sustained a			self-determination and choice.		
		smoking recently and obtained a			3011-4010111111141011 and choice.		
		" as a result. NA-A stated she			Address how the facility will identify	other	
		ally observed R110 to go out			residents having the potential to be		
		shift, however, heard from			affected by the same deficient prac		
		ad been attempting to go			All other patients present in facility		
	outside "late at nig	ht" to smoke still. NA-A stated			12/7/17 were asked if they utilized		
	residents' who wis	shed to smoke had to go outside			tobacco products or had a wish to s		
	on their own acco	rding to the policy.			while at facility. No other patients w		
					identified as having a desire to utiliz	ze	
		1 p.m. R110 was wheeled into			tobacco products while at facility.		
		outside by family member					
		s dressed in her winter coat and			Indicate how the facility plans to mo	onitor	
		oxygen on. R110 she was			its performance to make sure that solutions are sustained. The facility	, must	
		igarette. FM-D stated smoking portant thing" for R110 and he			develop a plan for ensuring that co		
		p her smoke outside "every two			is achieved and sustained. This pla		
		ce staff at the facility were			be implemented, and the corrective		
	unable to help her				evaluated for its effectiveness. The		
	and and to holp hol	•			of correction is integrated into the o	•	
	During interview of	n 12/6/17, at 4:34 p.m.			assurance system:	· -···	
		RN)-A stated she had been			All staff campus wide, will receive		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/29/2018 FORM APPROVED

CENTER	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES			O	<u>MB NO.</u>	<u>0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
		245633	B. WING			12/0	07/2017
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CT DENE	DICTE SENIOD COM	MUNITY		9	90 19TH STREET SOUTH		
31 DENE	EDICTS SENIOR COM	WUNITY		S	SARTELL, MN 56377		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 689	R110 had gone out knowledge, and fell cigarette butt off the abrasions and a sm was unaware if R12 again, since falling taking her outside thad "asked again" outside to smoke ir provide cigarettes the seen cigarettes in Foreign this past Sunday [been assessed for supervised or unsurent RN-A stated assess would be beneficial out there." R110's medical recany evidence R110 assessed for safety going outside to sm sustained a fall which having cigarettes/light Con 12/6/17, at 5:16 coordinator (RNCC (DON) were intervient incotine patch after unsupervised, how as they thought the and going well for FRNCC-B were unawed.	into fell while outside smoking. Side without staff consent or while trying to pick up a ground sustaining some hall cut from the fall. RN-A to had been outside to smoke, on 11/24/17, nor if family was o smoke. RN-A stated R110 since falling about going heluding even asking staff to o her. RN-A stated she had R110's room, most recently 12/3/17]," however, had not her smoking, either pervised, to her knowledge. Sing R110's smoking abilities "just for her [R110] to be safe ord was reviewed and lacked had been comprehensively with smoking despite still hoke with family; having the smoking unsupervised; and ghter(s) on her person. In p.m. registered nurse care and the director of nursing the smoking while outside smoking the ever, had not been assessed nicotine patch was working the room before, and they e plan" so R110 could smoke	F6	689	education in the form of a communemo by 1/9/18 reviewing that the is a Tobacco Free Campus and ne promote patient centered care and patients desires to utilize tobacco products while at facility while pronsafety. The communication will also review safe smoking material stora need to report smoking material the secure to a nurse, the need for path who smoke to be assessed for safe the facility's smoking policy. Copies communication will be sent to each member individually as well as posemployee areas to promote knowled information. Nursing staff will compandatory education by 1/16/18 winclude the following topics: reside and choice, facility smoking policy, smoking material storage, components as a fear of competency of materic knowledge. Staff who have not contraining by 1/16/18 will be removed the schedule until completion of education. Nursing staff will audit the smoking preference of each patient inquiring if each patient utilizes to has a desire to use tobacco while a facility and create a safe plan if indincluding a smoking assessment if already completed and appropriate Observation of unsecured smoking material was added to the safety a conducted monthly by a member of safety committee. Social Services admission paperwork designee will	facility ed to honor hoting oge, the at is not ients ety, and s of the s staff ted in edge of olete hich will ht rights ents of g plan al hopleted from he t, acco or at icated not . Judit f the or	
	A facility Smoking A	Assessment - Long Term Care			continue to review that the facility is Tobacco Free Campus upon admis		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245633	B. WING _		12/	07/2017
	PROVIDER OR SUPPLIER	MUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 990 19TH STREET SOUTH SARTELL, MN 56377	·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 689	wished to smoke "r listed all residents v	ige 8 identified residents who need to smoke safely," and who choose to smoke "are essed for smoking safety."	F 68	and offer nicotine replacement p assessment for safe smoking if of Safety Audits will be completed a monthly to observe for unsecure material by nursing or designee of compliance. Results of audits will reported to QAA/QAPI for review recommendation of ongoing frequentiation and the same continued regulation of and the same compliance with prevention of and and hazards.	desired. It least smoking o ensure I be and uency of	
F 726 SS=D	'		F 72			1/16/18
	the appropriate conprovide nursing and resident safety and practicable physical well-being of each president assessment and considering the diagnoses of the fall accordance with the at §483.70(e). §483.35(a)(3) The fillicensed nurses have and skill sets necessing assessments, and §483.35(a)(4) Providimited to assessing	ave sufficient nursing staff with inpetencies and skills sets to direlated services to assure attain or maintain the highest I, mental, and psychosocial resident, as determined by ints and individual plans of care in number, acuity and cility's resident population in a facility assessment required facility must ensure that we the specific competencies is sary to care for residents' I through resident described in the plan of care. In iding care includes but is not go, evaluating, planning and ent care plans and responding				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED	
		245633	B. WING _		12/	07/2017	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		•112•11	
ST RENE	DICTS SENIOR COM	MIINITY		990 19TH STREET SOUTH			
31 DENE	DICTO SENIOR CON	INIONIT I		SARTELL, MN 56377			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 726	· .		F 72	6			
	The facility must end to demonstrate contechniques necess needs, as identified assessments, and This REQUIREME by: Based on observative review the facility for trained to administ residents (R113) of a pen. Findings include: R113's physician of staff to administer.	ency of nurse aides. Insure that nurse aides are able Impetency in skills and		F726 COMPETENT NURSING Address how corrective action vaccomplished for those residen have been affected by the deficipractice: On the evening of 12/6/17 and 12/7/17, DON met 1:1 with each duty to review expectation of prinsulin pen prior to administrationall nurses acknowledged prior k of. On 12/7/17, a prompt was a	will be ts found to ient morning of n nurse on iming on to which cnowledge		
	at dinner. During interview or licensed practical r licensed nurses we helped with continuation of the needle. RN-C t units and administrations.	on 12/6/17, at 5:15 p.m. RN)-C used an alcohol wipe to the insulin pen, then attached hen dialed the insulin pen to 75 ered the dose in R113's left		EMAR as a stop point for nurse acknowledge the need to prime pen prior to every insulin admin Review of rounding physician protes, notes documentation of I glucose level reviews on 11/26/11/28/17, 12/1/17, 12/4/17, and 12/8/17 notes rounding physicia "blood sugars show excellent or Rounding physician continued the blood glucose levels through Rounding on 12/15/17.	the insulin istration. rogress blood 17, 12/8/17. In to state, bontrol." o follow 113's		
	5 units prior to dial units of insulin. During interview or stated she did not	d not prime the insulin pen withing and administrating the 75 n 12/6/17, at 5:55 p.m. RN-C prime the insulin pen prior to ordered dose as the pen had		Address how the facility will idented residents having the potential to affected by the same deficient particles A review of medication serves a physician's orders on all other particles and the particles and the particles and the particles are to be utilized in facility.	b be oractice: and oatients on		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			E SURVEY PLETED		
	245633	B. WING _		12/	07/2017
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		
ST BENEDICTS SENIOR COM	MIINITY		990 19TH STREET SOUTH		
31 BENEDIC 13 SENIOR COMI	WONIT		SARTELL, MN 56377		
PREFIX (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
R113's December 2 record identified R1 checked four times 7:30 a.m. ranged fro blood sugars ranged blood sugars ranged blood sugars ranged sugars did not indicated RN-C's S Community General indicated RN-C had subcutaneous inject include administratic include RN-C's init competent. There we demonstrate RN-C's insulin pens. During interview on of nursing (DON) stateff prime the insuli because the needle injection. If the insuli administrating the ocould be given less and could include ai DON stated RN-C had odays and the fact competency training the DON's knowledged on insulin pens special administered insulin expected nurses to not familiar with administrating the donor familiar with administrating the donor familiar with administered insulin expected nurses to not familiar with administered insulin expected nurses	one of the process of	F 72	Indicate how the facility plans its performance to make sure solutions are sustained. The f develop a plan for ensuring th is achieved and sustained. The implemented, and the correvaluated for its effectiveness of correction is integrated into assurance system: Licensed nursing staff will commandatory education by 1/16/ facility's insulin administration appropriate insulin administration appropriate insulin administration appropriate insulin administration administration and multi-dose administration competencies. have not completed training b will be removed from the sche completion of education. DON designee will audit 10% of insulin pens at facility. Annual will continue to include insulin administration via multi-dose insulin pens. Insulin Administr will be completed with each pautilizing Insulin pens to observin administration. Results of a reported to QAA/QAPI for revirecommendation of ongoing fi audits to ensure continued recompliance with competent not and error prevention.	that acility must at correction is plan must ective action. The plan the quality applete 18 reviewing policy, tion using a skills been vial insulin Staff who y 1/16/18 adule until a or ullin pen at utilizing d use of skills fair vials and ation Audits atient are for errors udits will be ew and requency of gulation	

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245633	B. WING	B. WING		12/07/2017	
	PROVIDER OR SUPPLIER	MUNITY		STREET ADDRESS, CI 990 19TH STREET S SARTELL, MN 56			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORI	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 726	practiced "on the s the nurses as well competency tests in the skills days had. During interview or stated insulin pensulin pen priming attended nursing s that summer. When interviewed stated insulin pensulin pensulin pensudministrating the remembered attended nursing stated insulin pensulin pensulin pensulin pensulin pensulin pensulin using the inwork twelve our shan increased risk of their diabetes where competencies in the Humulin R U-500 directed to prime the with 5 units. "If you injection, you may insulin." The Facility Assess directed competency to the state of	pot" training when needed for as skills fairs. Although, the had been created insulin pens, not occurred to date (12/7/17). In 12/7/17, at 11:34 a.m. RN- Doneeded to be primed before dose as ordered. RN-D stated was taught when she chool as well as at a skills fair on 12/7/17, at 11:35 a.m. RN-E needed to be primed before dose as ordered and ding a skills fair that summer. In sobserved to not prime the ng to manufacturers the facility had not initiated esting program to ensure all or how to correctly administer sulin pens. The facility nurses iffs, which places residents at of inaccurate management of an nurses have not completed is area. In package insert dated 12/29/15, the pen before each injection do not prime before each get too much or too little sement Tool dated 11/27/17, cy training would include istration- injectable, oral,	F 7	26			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION (X3)	(X3) DATE SURVEY COMPLETED	
		245633	B. WING		12/07/2017	
	PROVIDER OR SUPPLIER	IMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 990 19TH STREET SOUTH SARTELL, MN 56377	12/07/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	· •	rocedures/Pharmacist/Records (b)(1)-(3)	F 75		1/16/18	
	The facility must prodrugs and biological them under an agre §483.70(g). The fapersonnel to admir	rovide routine and emergency als to its residents, or obtain eement described in acility may permit unlicensed hister drugs if State law ander the general supervision of				
	pharmaceutical ser that assure the acc dispensing, and ad	ures. A facility must provide rvices (including procedures curate acquiring, receiving, ministering of all drugs and t the needs of each resident.				
		Consultation. The facility tain the services of a licensed				
		ides consultation on all rision of pharmacy services in				
		blishes a system of records of tion of all controlled drugs in enable an accurate				
	order and that an a is maintained and p This REQUIREME by:	ermines that drug records are in account of all controlled drugs periodically reconciled. NT is not met as evidenced tion, interview, and document		F755 PHARMACY		
	review the facility fa	ailed to ensure an insulin pens o dosing and administration of		SERVICIES/PHARMACISTS/RECORE Address how corrective action will be	os	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245633	B. WING		12/	07/2017	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO			
				990 19TH STREET SOUTH			
SIBENE	DICTS SENIOR COI	MMUNITY		SARTELL, MN 56377			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		HOULD BE	(X5) COMPLETION DATE	
F 755	Continued From p	age 13	F 7	755			
	insulin for 1 of 1 reinsulin pen in the f	esidents (R113) who utilized an acility.		accomplished for those residence have been affected by the de			
	Findings include:			practice: On the evening of 12/6/17 an 12/7/17, DON met 1:1 with ea			
	3.0/Delirium - V 2 cognition) dated 1 intact cognition will from her baseline.	f Interview Mental Status) (assessment used to determine 2/1/17, identified R113 had the no mental status changes R113's undated Admission a diagnosis of type 2 diabetes		duty to review expectation of insulin pen prior to administra all nurses acknowledged prio of. On 12/7/17, a prompt was EMAR as a stop point for nur acknowledge the need to prir pen prior to every administrat of rounding physician progres	priming ation to which or knowledge added to the ses to one the insulin tion. Review		
	staff to administer R U-500 (insulin u units at breakfast, at dinner.	orders signed 11/25/17, directed subcutaneous via pen, Humlin sed to control blood sugar) 75 40 units at lunch and 75 units		notes documentation of blood levels reviews on 11/26/17, 1 12/1/17, 12/4/17, and 12/8/17 notes rounding physician to s sugars show excellent contro physician continued to follow	d glucose 1/28/17, 7. 12/8/17 state, "blood I." Rounding blood		
	registered nurse (I cleanse the end of the needle. RN-C units and administ abdomen. RN-C d	n on 12/6/17, at 5:15 p.m. RN)-C used an alcohol wipe to f the insulin pen, then attached then dialed the insulin pen to 75 ered the dose in R113's left id not prime the insulin pen with ling and administrating the 75		glucose levels through R113's on 12/15/17. Address how the facility will in residents having the potential affected by the same deficier. A review of medication serves physician's orders on all othe 12/7/17 did not note any othe	dentify other I to be it practice: s and r patients on		
	stated she did not administrating the been continuously R113's December record identified F checked four time 7:30 a.m. ranged fa.m. blood sugars	n 12/6/17, at 5:55 p.m. RN-C prime the insulin pen prior to ordered dose as the pen had used and was not a new pen. 2017 medication administration R113's blood sugar levels were s daily. R113's blood sugars at from 92 to 140. R113's 11:30 ranged from 204- 325. R113' ugars ranged from 123- 276.		pens to be utilized in facility. Indicate how the facility plans its performance to make sure solutions are sustained. The develop a plan for ensuring the is achieved and sustained. The be implemented, and the correction its effectiveness of correction is integrated into assurance system:	to monitor that facility must nat correction his plan must rective action s. The plan		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245633	B. WING _		12/9	07/2017
	PROVIDER OR SUPPLIER	MUNITY		STREET ADDRESS, CITY, STATE, ZIP 990 19TH STREET SOUTH SARTELL, MN 56377		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 755	221. R113's blood so notification to the plan notification of nursing (DON) sits aff prime the insubscause the needle injection. If the insubscause the injection of the injec	ood sugars ranged from 102- sugars did not indicate	F 75	Licensed nursing staff will mandatory education by 1 facility's insulin administrat appropriate insulin administrations and pens, knowledge testing via insuladministration and multidadministration competence have not completed training will be removed from the scompletion of education. Edesignee will audit 10% of administration with each pens monthly due to the linguistration via multidocompliance insulin pens. Insulin Administration via multidocomplizing Insulin pens to observe and error prevention.	/16/18 reviewing tion policy, stration using and skills and skills and skills are seen as the seen as the seen as the seen as the patient will be review and a grequency of a regulation	

F563300)

PRINTED: 12/29/2017 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING 01 - ST BENEDICTS SENIOR **COMMUNITY SARTELL** B. WING 245633 12/05/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 990 19TH STREET SOUTH ST BENEDICTS SENIOR COMMUNITY SARTELL, MN 56377 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 FIRE SAFETY THE FACILITY'S POC WILL SERVE AS YOUR ALLEGATION OF COMPLIANCE UPON THE DEPARTMENT'S ACCEPTANCE, YOUR SIGNATURE AT THE BOTTOM OF THE FIRST PAGE OF THE CMS-2567 FORM WILL BE USED AS VERIFICATION OF COMPLIANCE. UPON RECEIPT OF AN ACCEPTABLE POC. AN ONSITE REVISIT OF YOUR FACILITY MAY BE CONDUCTED TO VALIDATE THAT SUBSTANTIAL COMPLIANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION. A an initial Life Safety Code Survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division on December 05, 2017. At the time of this survey, St. Benedict's Senior Community Therapy Suites was found not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2012 edition of National Fire Protection Association (NFPA) Standard 101, Life Safety Code (LSC). Chapter 19 Existing Health Care. PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES (K-TAGS) TO: Health Care Fire Inspections State Fire Marshal Division 445 Minnesota St., Suite 145

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

TITLE

(X6) DATE

Electronically Signed

12/27/2017

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.

PRINTED: 12/29/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - ST BENEDICTS SENIOR COMMUNITY SARTELL B. WING 245633 12/05/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 990 19TH STREET SOUTH ST BENEDICTS SENIOR COMMUNITY SARTELL, MN 56377 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID 1D COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PRÉFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 000 Continued From page 1 K 000 St Paul, MN 55101-5145, or By email to: Marian.Whitney@state.mn.us and Angela.Kappenman@state.mn.us THE PLAN OF CORRECTION FOR EACH DEFICIENCY MUST INCLUDE ALL OF THE **FOLLOWING INFORMATION:** 1. A description of what has been, or will be, done to correct the deficiency. 2. The actual, or proposed, completion date. 3. The name and/or title of the person responsible for correction and monitoring to prevent a reoccurrence of the deficiency. St. Benedict's Senior Community Therapy Suites is a 1-story building with a full basement built of Type V(111) construction. The facility has a fire alarm system with smoke detection in the corridors and resident rooms and is monitored by a central monitoring company. It is protected by a full automatic sprinkler system with supervision by the fire alarm. The facility has a capacity of 24 beds and had a census of 20 at the time of the survev. The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by. K 324 Cooking Facilities 12/5/17 K 324 SS=F CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A: BUILDING 01 - ST BENEDICTS SENIOR COMMUNITY SARTELL			(X3) DATE SURVEY COMPLETED	
		245633	B. WING	_		12/0	5/2017
	PROVIDER OR SUPPLIER	IMUNITY		9	TREET ADDRESS, CITY, STATE, ZIP CODE 90 19TH STREET SOUTH SARTELL, MN 56377		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
K 324	and Fire Protection Operations, unless * residential cookin appliances such as toasters) are used cooking in accorda * cooking facilities compartments with with the conditions or * cooking facilities 30 or fewer patient 18.3.2.5.4, 19.3.2.5 Cooking facilities per 9.2.3 are not rehazardous areas, be corridor.	indard for Ventilation Control of Commercial Cooking: g equipment (i.e., small is microwaves, hot plates, for food warming or limited ince with 18.3.2.5.2, 19.3.2.5.2 open to the corridor in smoke 30 or fewer patients comply under 18.3.2.5.3, 19.3.2.5.3, in smoke compartments with its comply with conditions under 5.4. Totected according to NFPA 96 opured to be enclosed as out shall not be open to the	K	324			
	by: Based on a review interview with staff, kitchen hood suppr accordance with NI (edition 2012), Codaccordance with NI Ventilation Control Commercial Cookin* residential cookin appliances such as toasters) are used cooking in accorda	NT is not met as evidenced of documentation and an it was determined that the ression system is not in FPA 101 The Life Safety Code sking equipment is protected in FPA 96, Standard for and Fire Protection of ang Operations, unless: g equipment (i.e., small a microwaves, hot plates, for food warming or limited ance with 18.3.2.5.2, 19.3.2.5.2 open to the corridor in smoke			The griddle and cooking spray we removed immediately from the kitch when identified. The Director of Di Services or designee will ensure compliance by conducting random audits through April of 2018.	chen ining	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A BUILDII	IPLE CONSTRUCTION NG 01 - ST BENEDICTS SENIOR NITY SARTELL		(X3) DATE SURVEY COMPLETED	
	245633 B. WING		B. WING	3		
	PROVIDER OR SUPPLIER	IMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 990 19TH STREET SOUTH SARTELL, MN 56377		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 324	with the conditions or * cooking facilities i 30 or fewer patients 18.3.2.5.4, 19.3.2.5 Cooking facilities p per 9.2.3 are not re hazardous areas, b corridor.	30 or fewer patients comply under 18.3.2.5.3, 19.3.2.5.3, n smoke compartments with a comply with conditions under i.4. rotected according to NFPA 96 quired to be enclosed as but shall not be open to the 18.3.2.5.4, 19.3.2.5.1 through	K 32	24		
	observations and in the Health Departmeneighborhood kitch found to be cooking dietary manager was discovered that Egg daily basis. The grimemoved from the five Deputy State Fire Minister Director of Maintenestic Director of Maintenestic Drills CFR(s): NFPA 101 Fire Drills Fire drills include the signal and simulation conditions. Fire drill times under varying on each shift. The signal and simulations on each shift.	and the time of discovery. The transmission of a fire alarm on of emergency fire sare held at unexpected conditions, at least quarterly staff is familiar with procedures rills are part of established	K 7	12		12/5/17

	FOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ST BENEDICTS SENIOR COMMUNITY SARTELL			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER ST BENEDICTS SENIOR COMMUNITY		B. WING	ST 99	TREET ADDRESS, CITY, STATE, ZIP CODE 0 19TH STREET SOUTH ARTELL, MN 56377	12/05/2017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETIO DATE	
K 712	conducting drills is persons who are quericle where drills are conditions of the conditions of the conduct a safe and emergency, which can undetermined at Findings include: During the facility december of the conduct as a feed and emergency, which can undetermined at the conduct as a feed and emergency, which can undetermined at the conduct as a feed and emergency, which can undetermined at the conduct as a feed and emergency, which can undetermined at the conduct as a feed and emergency, which can undetermined at the conduct as a feed and emergency. During the facility do 12/05/2017, document that Fire drills were during these times: 1) First shift of the can be conducted as a feed and emergency.	ility for planning and assigned only to competent ualified to exercise leadership. Inducted between 9:00 PM and announcement may be used alarms. 3.7.1.7, 19.7.1.4 through NT is not met as evidenced eview and staff interview the vide documentation of fire drills in each shift as required by the IFPA 101) 2012 edition, 19.7.1.7. This deficient ce the ability of staff to timely response to a fire would affect all residents and mount of staff and visitors. In occumentation review on the entation reviewed revealed not performed or incomplete first quarter. Second quarter, the quarter.	K	712	Fire drills were conducted on each quarterly based on facility opening versus calendar year. The Director Maintenance created a new spread based on calendar year that sched 2018 fire drills ensuring that drills we conducted quarterly for each shift. new spread sheet was approved by Fire Marshal during survey.	date of I sheet uled vill be The		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 20, 2017

Ms. Robin Theis, Administrator St. Benedict's Senior Community 990 19th Street South Sartell, MN 56377

Re: Enclosed State Nursing Home Licensing Orders - Project Number S5633001

Dear Ms. Theis:

The above facility was surveyed on December 5, 2017 through December 7, 2017 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 <u>only a suggestion</u> 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 http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm. 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.

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 Unit Supervisor Brenda Fischer at brenda.fischer@state.mn.us or (320) 223-7338.

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 related to this electronic notice.

Sincerely,

Licensing and Certification Program

Minnesota Department of Health

P.O. Box 64900

Aune Petenson_

St. Paul, MN 55164-0900

anne.peterson@state.mn.us

Telephone #: 651-201-4206 Fax #: 651-215-9697

cc: Licensing and Certification File

PRINTED: 01/29/2018 FORM APPROVED

Minnesota Department of Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		31401	B. WING		12/07	7/2017
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
ST BENE	EDICTS SENIOR COM	MUNITY	STREET SC ., MN 56377	DUTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 000 Initial Comments		2 000				
	****ATTE	NTION*****				
	NH LICENSING	CORRECTION ORDER				
	144A.10, this correct pursuant to a surver found that the deficiency herein are not corrected shall with a schedule of the Minnesota Department of the Minnesota Department of the Minnesota MN Rundler and MN Rundler and MN Rundler and many of the lack of compliance.	nether a violation has been compliance with all rule provided at the tag alle number indicated below. In several items, failure to the items will be considered Lack of compliance upon				
	result in the assess	ny item of multi-part rule will ment of a fine even if the item uring the initial inspection was				
	that may result from orders provided tha the Department witl	hearing on any assessments n non-compliance with these t a written request is made to nin 15 days of receipt of a nt for non-compliance.				
	receipt of State lice the Minnesota Depa Informational Bullet http://www.health.st	participate in the electronic nsure orders consistent with artment of Health (MDH) in 14-01, available at tate.mn.us/divs/fpc/profinfo/infe licensing orders are				

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

12/27/17 **Electronically Signed**

STATE FORM 6899 If continuation sheet 1 of 14 BBPD11

TITLE

(X6) DATE

PRINTED: 01/29/2018 FORM APPROVED

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		31401	B. WING		12/07/2017	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ST BENI	EDICTS SENIOR COM	MUNITY	STREET SO , MN 56377	UTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	.D BE	(X5) COMPLETE DATE
2 000	Department of Hea you electronically. is necessary for Sta enter the word "cortext. You must then State licensure procompletion date, the corrected prior to e Minnesota Department's staff, the following correction that you and identify the dat Minnesota Department of State Licensing federal software. To assigned to Minnesota Department of State Licensing federal software. To assigned to Minnesota Department of the State Licensing federal software. To assigned to Minnesota Department of the state state of the "Summer column and replaced the correction order the findings which a statute after the state as evidence by." For are the Suggested Time period for Corpustal Provider State of the State of the Suggested Time period for Corpustal State of Time Period for Corpustal State o	Although no plan of correction ate Statutes/Rules, please rected" in the box available for indicate in the electronic cess, under the heading e date your orders will be lectronically submitting to the nent of Health. 27/17, surveyors of this visited the above provider and ction orders are issued. Four electronic plan of have reviewed these orders, e when they will be completed. The nent of Health is documenting. Correction Orders using ag numbers have been note state statutes/rules for the assigned tag number efft column entitled "ID Prefix attate/rule out of compliance is ary Statement of Deficiencies" as the "To Comply" portion of the state tement, "This Rule is not met following the surveyors findings method of Correction and trection.	2 000			

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 2 of 14

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		31401	B. WING		12/07/2017	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY,	STATE, ZIP CODE		
ST BENE	EDICTS SENIOR COM	MUNITY	L, MN 56377			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 830	Proper Nursing Car Subpart 1. Care in receive nursing car- custodial care, and individual needs an the comprehensive plan of care as des 4658.0405. A nursi of bed as much as written order from the	general. A resident must e and treatment, personal and supervision based on d preferences as identified in resident assessment and scribed in parts 4658.0400 and ng home resident must be ou possible unless there is a he attending physician that the in in bed or the resident	d t			12/7/17
	by: Based on observati review, the facility fa assess and develop safety with smoking who was smoking of Findings include: R110's BIMS (Brief 3.0/Delirium - V2 (a cognition) dated 12 intact cognition with from her baseline. On 12/5/17, at 10:1 in her room. R110 sustained a fall whill bent over in her wh cigarette butts from	ent is not met as evidenced on, interview and document ailed to comprehensively o interventions to promote g for 1 of 1 residents (R110) outside the facility. Interview Mental Status) ssessment used to determine /1/17, identified R110 had in no mental status changes 2 a.m. R110 was interviewed stated she recently had le outside smoking as she eelchair to pick up used the ground. R110 continued chile at the facility, however		corrected		

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 3 of 14

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		31401	B. WING		12/	07/2017
	PROVIDER OR SUPPLIER	MUNITY 990 19TH	DDRESS, CITY, S I STREET SO L, MN 56377			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
2 830	stated she needed here I guess." R11 single cigarette on the lighter was "sor she would "be happed go outside and smocompleted all aspeashing, disposing) physical help from state of the subsequent progresidentified R110 was therapy and had no note added, "If [R17 tobacco again, a fobe completed." R110's care plan da had an alteration in pneumonia and "sn interventions for state administering oxyge "Nicotine as ordere further information When interviewed on nursing assistant (Note that the subsequent progresidentified R110 was the subsequent progresidentified R110's care plan da had an alteration in pneumonia and "sn interventions for state administering oxyge" Nicotine as orderefurther information When interviewed on ursing assistant (Note that the subsequent progressions) had never personal and smoke on heresother staff R110 had note that the subsequent progressions and smoke on heresother staff R110 had note that the subsequent progressions and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresother staff R110 had note that the subsequent progression and smoke on heresothe	family with her as "that's a rule 0 showed the surveyor a her bedside table and stated newhere" in her room adding pier than punch" if she could oke. Further, R110 stated she cts of smoking (i.e. lighting, on her own and needed to				

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 4 of 14

Minnesota Department of Health

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		31401	B. WING		12/0	7/2017
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
ST BEN	EDICTS SENIOR COM	MIINITY	STREET SO , MN 56377	UTH		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 830	residents' who wish on their own accord On 12/6/17, at 2:31 the building from or (FM)-D. R110 was did not have any ox outside having a cigwas the "most impowas coming to help or three days," sincunable to help her. During interview on registered nurse (Rworking the night RR110 had gone out knowledge, and fell cigarette butt off the abrasions and a sm was unaware if R11 again, since falling taking her outside thad "asked again" outside to smoke in provide cigarettes in Formation that the seen cigarettes in Formation that the seen cigarettes in Formation the seen assessed for supervised or unsured RN-A stated assessing would be beneficial out there." R110's medical recany evidence R110 assessed for safety going outside to sm sustained a fall white	ned to smoke had to go outside	2 830			

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 5 of 14

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		31401		B. WING		12/0	7/2017
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ST BENE	EDICTS SENIOR COM	MUNITY		STREET SO , MN 56377	DUTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE	ENCIES ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
2 830	Continued From pa	ge 5		2 830			
	On 12/6/17, at 5:16 coordinator (RNCC (DON) were intervien incotine patch after unsupervised, howe as they thought the and going well for RNCC-B were unaw R110 with cigarette would "create a safe safely going forward A facility Smoking Apolicy dated 11/17,)-B and the directive wed. R110 was falling while out ever, had not be nicotine patch ware floor staff has in her room be plan" so R110 d.	ctor of nursing is placed on a side smoking en assessed was working DON and lad found efore, and they could smoke				
	wished to smoke "n listed all residents v evaluated and asse	eed to smoke s who choose to s	afely," and moke "are				
	SUGGESTED MET Director of Nursing provide education to importance of ensu and plans of care for receive care and sur related to smoking. randomly audit to be supervision is provi-	(DON) or design on ursing staff a ring assessmen ollowed to ensurate the DON or designed to the DON or designed to the propersion in a safe sure the propersion.	nee, could bout the t is conducted re residents afe manner esignee, could er nursing				
	TIME PERIOD FOF (21) days.	R CORRECTION	N: Twenty-one				
21525	MN Rule 4658.1305 Consultation	5 A.B.C Pharma	cist Service	21525			12/7/17
	A nursing home muservices of a pharm Board of Pharmacy	nacist currently li					

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 6 of 14

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 21525 Continued From page 6 A. provides consultation on all aspects of the provision of pharmacy services in the nursing home; B. establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and C. determines that drug records are accurately maintained and that an account of all controlled drugs is maintained. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure an insulin pens		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION :	(X3) DATE COMP	SURVEY LETED
ST BENEDICTS SENIOR COMMUNITY 990 19TH STREET SOUTH SARTELL, MN 56377 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 21525 Continued From page 6 A. provides consultation on all aspects of the provision of pharmacy services in the nursing home; B. establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and C. determines that drug records are accurately maintained and that an account of all controlled drugs is maintained. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure an insulin pens 6 CORRECTIVE ACTION FOR CORRECTION (XS) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 2 1525 2 1525 Continued From page 6 A. provides consultation on all aspects of the provision of pharmacy services in the nursing home; B. establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and C. determines that drug records are accurately maintained and that an account of all controlled drugs is maintained. Corrected			31401	B. WING		12/0	7/2017
SARTELL, MN 56377	NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE		
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 21525 Continued From page 6 A. provides consultation on all aspects of the provision of pharmacy services in the nursing home; B. establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and C. determines that drug records are accurately maintained and that an account of all controlled drugs is maintained. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure an insulin pens	ST BENI	EDICTS SENIOR COM	MUNITY				
A. provides consultation on all aspects of the provision of pharmacy services in the nursing home; B. establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and C. determines that drug records are accurately maintained and that an account of all controlled drugs is maintained. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure an insulin pens	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
was primed prior to dosing and administration of insulin for 1 of 1 residents (R113) who utilized an insulin pen in the facility. Findings include: R113's BIMS (Brief Interview Mental Status) 3.0/Delirium - V 2 (assessment used to determine cognition) dated 12/1/17, identified R113 had intact cognition with no mental status changes from her baseline. R113's undated Admission Record identified a diagnosis of type 2 diabetes mellitus. R113's physician orders signed 11/25/17, directed staff to administer subcutaneous via pen, Humlin R U-500 (insulin used to control blood sugar) 75 units at breakfast, 40 units at lunch and 75 units at dinner. During observation on 12/6/17, at 5:15 p.m. registered nurse (RN)-C used an alcohol wipe to cleanse the end of the insulin pen, then attached the needle. RN-C then dialed the insulin pen to 75 units and administered the dose in R113's left	21525	A. provides corprovision of pharma home; B. establishes and disposition of a detail to enable an C. determines accurately maintain controlled drugs is a This MN Requirement by: Based on observation review the facility fawas primed prior to insulin for 1 of 1 resinsulin pen in the factorial form. V 2 (acognition) dated 12 intact cognition with from her baseline. Record identified a mellitus. R113's physician or staff to administer a R U-500 (insulin us units at breakfast, at dinner. During observation registered nurse (R cleanse the end of the needle. RN-C the stable and the staff to a difference of the needle. RN-C the staff to the staff to a difference of the needle. RN-C the staff to a difference of the needle. RN-C the staff to a difference of the needle. RN-C the staff to a difference of the needle. RN-C the staff to a difference of the needle. RN-C the staff to a difference of the needle. RN-C the staff to a difference of the needle. RN-C the staff to a difference of the needle. RN-C the staff to a difference of the needle. RN-C the staff to a difference of the needle. RN-C the staff to a difference of the needle.	nsultation on all aspects of the acy services in the nursing a system of records of receipt accurate reconciliation; and that drug records are aed and that an account of all maintained. ent is not met as evidenced on, interview, and document alled to ensure an insulin pensidents (R113) who utilized an acility. Interview Mental Status) assessment used to determine /1/17, identified R113 had a no mental status changes R113's undated Admission diagnosis of type 2 diabetes are signed 11/25/17, directed subcutaneous via pen, Humlin ed to control blood sugar) 75 and units at lunch and 75 units on 12/6/17, at 5:15 p.m. N)-C used an alcohol wipe to the insulin pen, then attached and insulin pen to 75 are accurately services in the accurate of the insulin pen to 75 are accurately services.				

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 7 of 14

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	STRUCTION (X3) DATE COMP	
		31401	B. WING		12/	07/2017
	PROVIDER OR SUPPLIER	MUNITY 990 19TH	DDRESS, CITY, S STREET SOI , MN 56377			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
21525	abdomen. RN-C did 5 units prior to dialiunits of insulin. During interview on stated she did not padministrating the obeen continuously units. December 2 record identified R checked four times 7:30 a.m. ranged fra.m. blood sugars row 5:00 p.m. blood sugars row blood sugar	d not prime the insulin pen withing and administrating the 75 12/6/17, at 5:55 p.m. RN-C prime the insulin pen prior to pri				
	SUGGESTED MET	HOD OF CORRECTION: sing (DON) or designee could				

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 8 of 14

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		31401	B. WING		12/0	07/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ST BENI	EDICTS SENIOR COM	MUNITY	STREET SO ., MN 56377	UTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
21525	develop, review, an procedures to ensure nursing (DON) or dappropriate staff or The director of nurs develop monitoring compliance. TIME PERIOD FOR (21) Days	ge 8 d/or revise policies and re compliance. The director of esignee could educate all the policies and procedures. Sing (DON) or designee could systems to ensure ongoing R CORRECTION: Twenty-one	21525			12/7/17
	Residents of HC Farsubul. 10. Participy notification of family (a) Residents share in the planning of the includes the opportunity to request care conferences, a family member or oboth. In the event the present, a family member or conferences. (b) If a resident wounconscious or concommunicate, the feefforts as required either a family member to person the planning, unless the substitute of the facility member to person the planning, unless the substitute of the facility member to person the planning, unless the substitute of the facility member to person the planning, unless the substitute of the facility member to person the province of the planning that the province of the planning that the province of the planning that the planning tha	ac.Bill of Rights pation in planning treatment;				

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 9 of 14

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		31401	B. WING		12/0	7/2017
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ST BENI	EDICTS SENIOR COM	MIINITY	STREET SO , MN 56377	UTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
21830	directive to the conspecified in writing member included ir notifying a family m family member to pplanning, the facility efforts, consistent was practice, to determine executed an advance esident's health care this paragraph, "reactive and the resident; (2) examining the resident in the possion (3) inquiring of an family member consume whether the resident directive and whether the resident in the possion (4) inquiring of the resident normally gwhether the resident designated emergemember to participal accordance with the liable to resident for the notification of the mergency contact family member was patient's privacy rigus (c) In making reactive and designated emergency contact family member or desi	trary or knows the resident has that they do not want a family in treatment planning. After ember but prior to allowing a articipate in treatment or must make reasonable with reasonable medical in the resident has ce directive relative to the redecisions. For purposes of asonable efforts" include: a personal effects of the resident has a the resident has a the resident normally goes for the resident normally goes for the resident normally goes for a family member or ncy contact or allows a family ate in treatment planning in s paragraph, the facility is not redamages on the grounds that he family member or or the participation of the improper or violated the	21830			

6899

Minnesota Department of Health STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		31401	B. WING		12/0	7/2017
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ST BENE	EDICTS SENIOR COM	MIINITY	STREET SO , MN 56377	DUTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
21830	to notify a family memergency contact admission, the facil social service agen agency that the resthe facility has been member or designate county social service enforcement agency identifying and notified designated emerges service agency or lethat assists a facilit subdivision is not list damages on the grather family member	acility. If the facility is unable ember or designated within 24 hours after the lity shall notify the county cy or local law enforcement ident has been admitted and nunable to notify a family ated emergency contact. The ce agency and local law by shall assist the facility in fying a family member or ency contact. A county social local law enforcement agency y in implementing this lable to the resident for counds that the notification of or emergency contact or the family member was improper	21830			
	by: Based on interview facility failed to help smoking as desired who wanted to smo told staff could not Findings include: R110's BIMS (Brief 3.0/Delirium - V2 (a cognition) dated 12	ent is not met as evidenced and document review, the develop a plan to allow safe for 1 of 1 residents (R110) ke while at the facility and was assist her. Interview Mental Status) assessment used to determine /1/17, identified R110 had a no mental status changes		Corrected		
		on 12/5/17, at 10:10 a.m. R110 be happier than punch." if she				

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 11 of 14

	NT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				B. WING			
		31401				12/0	7/2017
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
ST BENE	EDICTS SENIOR COM	MUNITY		STREET SC ., MN 56377			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21830	could smoke while R110 compared he using anxiety pills at the same "calming" would rather smoke like others sometime physically able to sucher and I "do every been told she need rule here I guess," a stupid." During interview on assistant (NA)-A state outside while bendibutts from the grou unable to "physicall outside while bendibutts from the grou unable to "physicall outside to smoke an non-smoking camp. When interviewed on R110's family mem was the "most important im	at the facility of and stated her affect for her than start taines have to. If moke without thing on my or led family with and added "without staff as a draw and added to moment of the facility of the facil	other people of smoking had a radding she king medication R110 stated was anyone helping own," but had a her as "that's a which I think is whi	21830			
	on her own." When interviewed of	on 12/6/17, at	: 4:34 p.m.				

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 12 of 14

Minnesota Department of Health

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		24.404	B. WING		40/6	7/2047
		31401	1		12/0	7/2017
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
ST BEN	EDICTS SENIOR COM	IMIINITY	STREET SO _, MN 56377	OTH		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
21830	registered nurse (R wished to smoke hawithout staff assista R110 sustained a fashe had been outsi wheelchair. Since again" about going have reported to RI to smoke, at times, cigarettes and offer RN-A was unaware interventions in plaresiding at the facili her abilities and de R110's medical recany evidence the fahelp develop a plar smoke outside as srequested. On 12/6/17, at 5:16 coordinator (RNCC (DON) were intervited in the staff "wo and friends," to help stated they were uncontinue smoking, it so a plan to could smoke for her "pati" "quality of life." A facility policy on cohowever, none was SUGGESTED MET The DON or design procedures regarding without the staff and the staff such as a such as	RN)-A stated residents' who ad to do so on their own and ance as "that's policy here." all since she admitted in which ide smoking and fell out of her falling, R110 "has asked out to smoke and other staff N-A about her continued desire even asking others for ring to pay them for some. It of any attempts or the falling and added an evaluation to sires would be beneficial. For was reviewed and lacked acility had worked with R110 to a which would allow her to she desired and had For p.m. registered nurse care to be any attempts of a smoke while residing at the could create a plan with family per them do so. RN-B and DON and the director of nursing them do so. RN-B and DON and the staff should have reported to be developed to allow her to the ent centered care," and choices was requested,				

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 13 of 14

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMI	SURVEY PLETED
		31401	B. WING		12/0	07/2017
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ST BENE	EDICTS SENIOR COM	IMIINIIY	ISTREET SC _, MN 56377			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
21830	Continued From pa	ge 13	21830			
	and routines are fol	llowed by staff.				
	TIME PERIOD FOR (21) days.	R CORRECTION: Twenty-one				

Minnesota Department of Health

(X6) DATE

Minnesota Department of Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED	
		31401	B. WING		12/07/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
ST BENE	DICTS SENIOR COMMUN	ITY	STREET SOUTH		
		SARTEL	L, MN 56377		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
2 000	Initial Comments		2 000		
	*****ATTENTION****** NH LICENSING CORRECTION ORDER				
	144A.10, this correcting pursuant to a survey. found that the deficier herein are not correct not corrected shall be with a schedule of fine the Minnesota Depart. Determination of where corrected requires corrected requires correquirements of the runumber and MN Rule. When a rule contains comply with any of the lack of compliance. Line-inspection with any result in the assessments.	ther a violation has been mpliance with all			
	that may result from norders provided that a	earing on any assessments non-compliance with these a written request is made to n 15 days of receipt of a for non-compliance.			
	receipt of State licens the Minnesota Depart Informational Bulletin	articipate in the electronic ure orders consistent with ment of Health (MDH) 14-01, available at e.mn.us/divs/fpc/profinfo/inf icensing orders are			

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

12/27/17 **Electronically Signed**

TITLE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		31401	B. WING		12	2/07/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
QT DENEI	DICTS SENIOR COMMUN	990 19TH	STREET SOUTH			
31 DENE	DICTS SENIOR COMMUN	SARTELL	., MN 56377			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
2 000		e 1 orders being submitted to though no plan of correction	2 000			
	is necessary for State enter the word "corre- text. You must then in State licensure proce completion date, the	e Statutes/Rules, please cted" in the box available for indicate in the electronic ss, under the heading date your orders will be ctronically submitting to the				
	On 12/05/17 to 12/07 Department's staff, vi the following correction Please indicate in you correction that you ha and identify the date of Minnesota Department the State Licensing Of federal software. Tag assigned to Minnesot Nursing Homes. The appears in the far left Tag." The state statu listed in the "Summar column and replaces	/17, surveyors of this sited the above provider and on orders are issued. Ur electronic plan of electronic plan ele				
	the findings which are statute after the state as evidence by." Folk are the Suggested Mr. Time period for Corre PLEASE DISREGAR FOURTH COLUMN WITH PROVIDER'S PLAN APPLIES TO FEDER THIS WILL APPEAR THERE IS NO REQU	e in violation of the state ment, "This Rule is not met owing the surveyors findings ethod of Correction and ction. D THE HEADING OF THE WHICH STATES, OF CORRECTION." THIS AL DEFICIENCIES ONLY. ON EACH PAGE. UREMENT TO SUBMIT A ION FOR VIOLATIONS OF				

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 2 of 14

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		31401	B. WING		12/07/2017
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	·	
ST BENEI	DICTS SENIOR COMMUN	IITY	I STREET SOUT L, MN 56377	Н	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIDEFICIENCY)	BE COMPLETE
2 830	receive nursing care custodial care, and stindividual needs and the comprehensive replan of care as described 4658.0405. A nursing of bed as much as powritten order from the	General eneral. A resident must and treatment, personal and upervision based on preferences as identified in esident assessment and ribed in parts 4658.0400 and g home resident must be out essible unless there is a eattending physician that the in bed or the resident	2 830		12/7/17
	by: Based on observation review, the facility fail assess and develop i safety with smoking for who was smoking out. Findings include: R110's BIMS (Brief In 3.0/Delirium - V2 (assequention) dated 12/1 intact cognition with refrom her baseline. On 12/5/17, at 10:12 in her room. R110 st sustained a fall while bent over in her whee cigarette butts from the	iterview Mental Status) sessment used to determine /17, identified R110 had no mental status changes a.m. R110 was interviewed		corrected	

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 3 of 14

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		, , ,	E SURVEY PLETED	
			D. WILLO	B WING		
		31401	B. WING		12	2/07/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
ST BENE	DICTS SENIOR COMMUN	990 19TH	STREET SOUTH			
31 DENE	DICTO SENIOR COMMON	SARTELL	_, MN 56377			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
2 830 Continued From page 3		2 830				
	here I guess." R110 single cigarette on he the lighter was "some she would "be happie go outside and smok completed all aspects ashing, disposing) on physical help from star R110's progress note R110 sustained a fall noted to go outside ir without assistive devistanted on nicotine resubsequent progress identified R110 was utherapy and had not snote added, "If [R110]	mily with her as "that's a rule showed the surveyor a er bedside table and stated ewhere" in her room adding er than punch" if she could e. Further, R110 stated she is of smoking (i.e. lighting, in her own and needed to aff or others. I dated 11/27/17, identified on 11/24/17, when she "was independently to smoke ice." As a result, R110 was placement therapy. A note dated 11/29/17, using nicotine replacement smoked since her fall. The idesires to begin smoking and smoking assessment will				
	had an alteration in repneumonia and "smointerventions for staff administering oxygen" Nicotine as ordered. further information per When interviewed on nursing assistant (NA transfer and walk on supposed to for her sfall while outside smointer staff R110 had	ed 11/27/17, identified R110 espiratory status related to oker status," and listed to provide including n, providing medications and, " The care plan lacked any ertaining to R110's smoking. 12/6/17, at 2:15 p.m. a)-A stated R110 does self her own, however, was not rafety. R110 had sustained a so a result. NA-A stated she observed R110 to go out ift, however, heard from been attempting to go				

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 4 of 14

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE S COMPLI		
			A. BOILDING.			
		31401	B. WING		12/0	7/2017
NAME OF PROVID	ER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ST BENEDICTS	S SENIOR COMMUN	ITY	STREET SOUT MN 56377	Н		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETE DATE
resion to the control on the control	their own according 12/6/17, at 2:31 p. building from outs 1/1-D. R110 was drinot have any oxyg side having a cigar is the "most imported is coming to help he here days," since stible to help her. Ting interview on 12 istered nurse (RN) thing the night R11 10 had gone outside wildedge, and fell warette butt off the gasions and a small is unaware if R110 in, since falling on ing her outside to side to smoke included cigarettes to her cigarettes in R12 in assessed for here in cigarettes in R12 in assessed for here in cigarettes in R12 in assessed for here in cigarettes in R13 in assessed for here in cigarettes in R14 in assessed for here in cigarettes in R15 in assessed for here in cigarettes in R15 in assessed for here in cigarettes in R15 in assessed for here in assessed for	Ito smoke had to go outside g to the policy. m. R110 was wheeled into ide by family member essed in her winter coat and ten on. R110 she was rette. FM-D stated smoking ant thing" for R110 and he er smoke outside "every two staff at the facility were 2/6/17, at 4:34 p.m. -A stated she had been 0 fell while outside smoking. The without staff consent or hile trying to pick up a round sustaining some 1 cut from the fall. RN-A had been outside to smoke, 11/24/17, nor if family was smoke. RN-A stated R110 ce falling about going uding even asking staff to her. RN-A stated she had 10's room, most recently '3/17]," however, had not	2 830			

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 5 of 14

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE S COMPL		
		31401	B. WING		12/0	7/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ST BENED	DICTS SENIOR COMMUN	990 19TH S SARTELL,	TREET SOUT	Н		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
2 830	Continued From page	: 5	2 830			
	coordinator (RNCC)-E (DON) were interview nicotine patch after fa unsupervised, however as they thought the ni and going well for R1 RNCC-B were unawa R110 with cigarettes i would "create a safe p safely going forward. A facility Smoking Ass policy dated 11/17, ide wished to smoke "need listed all residents who	am. registered nurse care and the director of nursing ed. R110 was placed on a lling while outside smoking er, had not been assessed cotine patch was working 10. Further, DON and re floor staff had found in her room before, and they colan" so R110 could smoke sessment - Long Term Care entified residents who ed to smoke safely," and o choose to smoke "are ed for smoking safety."				
	Director of Nursing (Diprovide education to rimportance of ensuring and plans of care followed receive care and superelated to smoking. Trandomly audit to be supervision is provide	OD OF CORRECTION: The PON) or designee, could nursing staff about the grassessment is conducted owed to ensure residents ervision in a safe manner the DON or designee, could sure the proper nursing definition of the residents.				
21525	(21) days. MN Rule 4658.1305 A Consultation	A.B.C Pharmacist Service	21525			12/7/17
		employ or obtain the sist currently licensed by the ho:				

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 6 of 14

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		31401	B. WING		12/0	7/2017
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	,	•	
ST BENE	DICTS SENIOR COMMUN	IITY	, MN 56377	n		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
21525	A. provides cons provision of pharmachome; B. establishes a and disposition of all detail to enable an ac C. determines th accurately maintained controlled drugs is matching. This MN Requirement by: Based on observation review the facility fails was primed prior to dinsulin for 1 of 1 residinsulin pen in the facility fails was primed prior to dinsulin pen in the facility fails was primed prior to dinsulin pen in the facility fails was primed prior to dinsulin pen in the facility fails was primed prior to dinsulin pen in the facility fails was primed prior to dinsulin pen in the facility fails was primed prior to dinsulin pen in the facility fails was primed prior to dinsulin pen in the facility fails was primed prior to dinsulin pen in the facility fails was primed prior to dinsulin pen in the facility fails was primed prior to dinsulin used units at breakfast, 40 at dinner. During observation or registered nurse (RN cleanse the end of the facility fails was primed prior to dinsulin used units at breakfast, 40 at dinner.	ultation on all aspects of the y services in the nursing system of records of receipt controlled drugs in sufficient courate reconciliation; and at drug records are d and that an account of all aintained. It is not met as evidenced in, interview, and document ed to ensure an insulin pensosing and administration of lents (R113) who utilized an	21525	Corrected		

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 7 of 14

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		31401	B. WING		12/07/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
ST BENEI	DICTS SENIOR COMMU	NITY	STREET SOUTI , MN 56377	H	
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
21525	Continued From page	e 7	21525		
	abdomen. RN-C did not prime the insulin pen with 5 units prior to dialing and administrating the 75 units of insulin. During interview on 12/6/17, at 5:55 p.m. RN-C stated she did not prime the insulin pen prior to administrating the ordered dose as the pen had been continuously used and was not a new pen.				
	record identified R11 checked four times d 7:30 a.m. ranged fror a.m. blood sugars rat 5:00 p.m. blood suga	_			
	of nursing (DON) sta staff prime the insulir because the needle i injection. If the insulir administrating the ord	2/7/17, at 11:15 a.m. director ted her expectation was that a pen each time it was used as exchanged after each a pen was not primed before dered dose the resident or more of the required dose within the injection.			
		ulin Administration dated administration of insulin from			
	directed to prime the with 5 units. "If you d injection, you may ge insulin."	ockage insert dated 12/29/15, pen before each injection o not prime before each et too much or too little			
		IOD OF CORRECTION: ng (DON) or designee could			

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 8 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '		(X3) DATE SURVEY COMPLETED	
		31401	B. WING		12/07/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
ST BENE	DICTS SENIOR COMMUN	990 19TH S	STREET SOUT	н	
SARTELL			MN 56377		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
21525	Continued From page	8	21525		
	nursing (DON) or des appropriate staff on the The director of nursin develop monitoring sy compliance.	or revise policies and compliance. The director of ignee could educate all ne policies and procedures. g (DON) or designee could ystems to ensure ongoing			
	. , .				
21830	MN St. Statute 144.69 Residents of HC Fac.	51 Subd. 10 Patients & Bill of Rights	21830		12/7/17
	Subd. 10. Participat notification of family r	tion in planning treatment; nembers.			
	 (a) Residents shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative or both. In the event that the resident cannot be present, a family member or other representative chosen by the resident may be included in such conferences. (b) If a resident who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the resident as the person to contact in an emergency that the resident has been admitted to the facility. The facility shall allow the 				
		ticipate in treatment acility knows or has reason t has an effective advance			

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 9 of 14

Minnesota Department of Health

Millinesota Department of Fleatin		_				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
]	_		
		B. WING				
		31401	D. WING		12/07	7/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			STREET SOUT	*		
ST BENED	DICTS SENIOR COMMUN	IITY SARTELL,		''		
		SARTELL,	WIN 503//			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR L	GO DENTIFTING INFORMATION)	TAG	DEFICIENCY)	MAIE	BATE
				,		
21830	Continued From page	9	21830			
		ry or knows the resident has				
	-	at they do not want a family				
		eatment planning. After				
		nber but prior to allowing a				
	family member to part	ticipate in treatment				
	planning, the facility n	nust make reasonable				
	efforts, consistent with	n reasonable medical				
	practice, to determine	if the resident has				
	executed an advance	directive relative to the				
	esident's health care	decisions. For purposes of				
		onable efforts" include:				
		personal effects of the				
	resident;					
	•	nedical records of the				
	resident in the posses					
		-				
		emergency contact or				
	-	cted under this section				
		has executed an advance				
	directive and whether					
		e resident normally goes for				
	care; and					
	` ' .	physician to whom the				
	resident normally goe					
	whether the resident I	has executed an advance				
	-	notifies a family member or				
	designated emergend	y contact or allows a family				
	member to participate	in treatment planning in				
	· · · · · · · · · · · · · · · · · · ·	paragraph, the facility is not				
		amages on the grounds that				
	the notification of the					
		the participation of the				
		nproper or violated the				
	patient's privacy rights	s.				
		onable efforts to notify a				
		ignated emergency contact,				
	the facility shall attem					
		ated emergency contact by				
		al effects of the resident				
		de of the resident in the				

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 10 of 14

Minnesota Department of Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		31401	B. WING		12/07	7/2017	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	12/0/	72017	
	DICTS SENIOR COMMUN	990 19TH	STREET SOUT				
31 DENEI	JIC 13 SENIOR COMMUN	SARTELL	, MN 56377				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
21830	to notify a family men emergency contact w admission, the facility social service agency agency that the residithe facility has been umember or designate county social service enforcement agency identifying and notifyidesignated emergency service agency or loc that assists a facility subdivision is not liab damages on the grouthe family member or	ility. If the facility is unable ober or designated ithin 24 hours after the shall notify the county or local law enforcement ent has been admitted and unable to notify a family of emergency contact. The agency and local law shall assist the facility in ang a family member or cy contact. A county social allaw enforcement agency in implementing this alle to the resident for ands that the notification of emergency contact or the mily member was improper	21830				
This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to help develop a plan to allow safe smoking as desired for 1 of 1 residents (R110) who wanted to smoke while at the facility and was told staff could not assist her. Findings include: R110's BIMS (Brief Interview Mental Status) 3.0/Delirium - V2 (assessment used to determine cognition) dated 12/1/17, identified R110 had intact cognition with no mental status changes from her baseline. When interviewed on 12/5/17, at 10:10 a.m. R110 stated she would "be happier than punch," if she			Corrected				

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 11 of 14

Minnesota Department of Health

STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION DISTRIBUTION DISTRIBUTION	MILLIFER	a Department of Fleatti	!				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ST BENEDICTS SENIOR COMMUNITY SUMMARY SYSTEMS TO SERIORICAN WIS 18 PRECEDED BY PLUL PRICE TO THE STATE LIM, MIS 5377 TAG CACH DEPICIENCY MUST BE PRECEDED BY PLUL PRICE TO THE SEGULATORY OR LEG IDENTIFYING INFORMATION) COULD STATE A COUNTY OR LEG IDENTIFYING INFORMATION) 21830 Continued From page 11 could smoke while at the facility for rehabilitation. R110 compared her smoking to other people using anxiety pills and stated her smoking had the same "Calming" affect for her adding she would rather smoke than stat taking medication like others sometimes have to. R110 stated was physically able to smoke without anyone helping her and 1"do everything on my own," but had been told she needed family with her as "that's a rule here I guess," and added "which it link is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them (residents)" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated moken) was the "most important thing" to R110 and him having to take her outside to smoke as it was the facility provided R110 with a nicoline patch, however, nothing else had been discussed or attempted to allow R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "R110 you continue to smoke while at the facility, however, they were told R110 would have to sign out and back in and "R110 you can have to do it to the county of the continue to smoke while at the facility, however, they were told R110 would have to sign out and back in and "R110 you can have to do it to the continue to smoke while at the facility, however, they were told R110 would have to sign out and back in and "R110 would have to sign out and back in and "R110 would	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JP CODE 990 19TH STREET SOUTH SARTELL, MIN 69377 ARTELL, MIN 69377 TAG PREPRY REGULATION FOR AS DIPPLIEN IN PROVIDER'S PLAN OF CORRECTION PROUD BY TAG CROSS-SEPTIMENTED TO DEPOSED BY PULL PREPRY TAG CONTINUED FROM THE STREET SOUTH SARTELL, MIN 69377 TAG CONTINUED FROM PROVIDER'S PLAN OF CORRECTION PROUD BY TAG CROSS-SEPTIMENTED TO THE PROPRINTING PROPRIATION. PREPRY TAG COULD STREET SOUTH TAG CROSS-SEPTIMENTED TO THE PROPRINTING PROPRIATION. PREPRY TAG COULD STREET SOUTH TAG CROSS-SEPTIMENTED TO THE PROPRINTING CEPTICERNO'T) DUTION THE PROPRINTING PROPRISTOR THE PROPRINTING CEPTICERNO'T. PREPRY TAG COULD STREET SOUTH TAG CROSS-SEPTIMENTED TO THE PROPRISTOR	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 19TH STREET SOUTH SARTELL, MN 56377 PREPIX SUMMARY STATEMENT OF DEFICIENCIES DEFECT OF THE PREPIX PROVIDERS PLAN OF CORRECTION PREPIX PREPIX PROVIDERS PLAN OF CORRECTION PREPIX PRE							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 19TH STREET SOUTH SARTELL, MN 56377 PREPIX SUMMARY STATEMENT OF DEFICIENCIES DEFECT OF THE PREPIX PROVIDERS PLAN OF CORRECTION PREPIX PREPIX PROVIDERS PLAN OF CORRECTION PREPIX PRE							
ST BENEDICTS SENIOR COMMUNITY SATTELL MIN 56377 SUMMARY STATEMENT OF DEFICIENCIES CRAFT SATTELL MIN 56377 PROVIDER'S PLAN OF CORRECTION CRAFT CAPACITY CAPACIT			31401	B. WING		12/0	7/2017
ST BENEDICTS SENIOR COMMUNITY SATTELL MIN 56377 SUMMARY STATEMENT OF DEFICIENCIES CRAFT SATTELL MIN 56377 PROVIDER'S PLAN OF CORRECTION CRAFT CAPACITY CAPACIT	NAME OF D	DOVIDED OD SLIDDI IED	STREET AD	DESS CITY STA	ATE ZIR CODE		
C(A) D PROVIDERS PLAN OF CORRECTION PREFIX PREFIX TAG	NAME OF T	TOVIDER OR SOLT EIER					
CALL DEPTITE CALL SECURATORY STREAMENT OF DEPTICES PREFIX PROVIDERS PLAN OF CORRECTION CALL PREFIX PREFIX PREFIX PROVIDERS PLAN OF CORRECTION CALL PREFIX PREFIX CALL PREFIX PR	ST BENED	DICTS SENIOR COMMUN	IITY		н		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 21830 Continued From page 11 could smoke while at the facility for rehabilitation. R110 compared her smoking to other people using anxiety pills and stated her smoking had the same 'calming' affect for her adding she would rather smoke than start taking medication like others sometimes have to. R110 stated was physically able to smoke without anyone helping her and I'de everything on my own," but had been told she needed family with her as "that's a rule here! guess," and added "which! I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110 sfamily member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility, FM-D saked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to 6gin out and back in and [R110] would have to 6gin out and back in and [R110] would have to 6gin out and back in and [R110] would have to 6gin out and back in and [R110] would have to 6gin			SARTELL	MN 56377			
21830 Continued From page 11 could smoke while at the facility for rehabilitation. R110 compared her smoking to other people using anxiety pills and stated her smoking had the same "calming" affect for her adding she would rather smoke than start taking medication like others sometimes have to. R110 stated was physically able to smoke without anyone helping her and I "do everything on my own," but had been told she needed family with her as "that's a rule here I guess," and added "which I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it	(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	
Continued From page 11 could smoke while at the facility for rehabilitation. R110 compared her smoking to other people using anxiety pills and stated her smoking had the same "calming" affect for her adding she would rather smoke than start taking medication like others sometimes have to. R110 stated was physically able to smoke without anyone helping her and I "do everything on my own." but had been told she needed family with her as "that's a rule here! guess," and added "which! I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing' to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or altempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility, FM-D saked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it					· ·		
could smoke while at the facility for rehabilitation. R110 compared her smoking to other people using anxiety pills and stated her smoking had the same "calming" affect for her adding she would rather smoke than start taking medication like others sometimes have to. R110 stated was physically able to smoke without anyone helping her and 1"do everything on my own," but had been told she needed family with her as "that's a rule here! guess," and added "which! I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." F.M-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility, FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and '[R110] would have to sign out and back in and '[R110] would have to sign out and back in and '[R110] would have to sign out and back in and '[R110] would have to sign out and back in and '[R110] would have to sign out and back in and '[R110] would have to sign	TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		KIATE	DATE
could smoke while at the facility for rehabilitation. R110 compared her smoking to other people using anxiety pills and stated her smoking had the same "calming" affect for her adding she would rather smoke than start taking medication like others sometimes have to. R110 stated was physically able to smoke without anyone helping her and 1"do everything on my own," but had been told she needed family with her as "that's a rule here I guess," and added "which I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarrette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it					BETTOLENOTY		
could smoke while at the facility for rehabilitation. R110 compared her smoking to other people using anxiety pills and stated her smoking had the same "caiming" affect for her adding she would rather smoke than start taking medication like others sometimes have to. R110 stated was physically able to smoke without anyone helping her and I "do everything on my own," but had been told she needed family with her as "that's a rule here I guess," and added "which I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them (residents)" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D asked one of the nurses about albowing R110 to smoke while at the facility, however, they were told R110 would have to do it	21830	Continued From page	e 11	21830			
R110 compared her smoking to other people using anxiety pills and stated her smoking had the same "calming" affect for her adding she would rather smoke than start taking medication like others sometimes have to. R110 stated was physically able to smoke without anyone helping her and 1"do everything on my own," but had been told she needed family with her as "that's a rule here I guess," and added "which I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as he desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		. •					
using anxiety pills and stated her smoking had the same "calming" affect for her adding she would rather smoke than start taking medication like others sometimes have to. R110 stated was physically able to smoke without anyone helping her and I "do everything on my own," but had been told she needed family with her as "that's a rule here I guess," and added "which I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. Pho-D asked one of the nurses about allowing R110 to smoke while at the facility. However, they were told R110 would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to do it							
the same "calming" affect for her adding she would rather smoke than start taking medication like others sometimes have to. R110 stated was physically able to smoke without anyone helping her and 1 "do everything on my own," but had been told she needed family with her as "that's a rule here I guess," and added "which I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "an be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. Ph.D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and would an analy "[R110] would have to sign out and would have to sign ou		R110 compared her s	moking to other people				
would rather smoke than start taking medication like others sometimes have to. R110 stated was physically able to smoke without anyone helping her and I"do everything on my own," but had been told she needed family with her as "that's a rule here! guess," and added "which! I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to do it		using anxiety pills and	d stated her smoking had				
would rather smoke than start taking medication like others sometimes have to. R110 stated was physically able to smoke without anyone helping her and I"do everything on my own," but had been told she needed family with her as "that's a rule here! guess," and added "which! I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to sign out and back in and "[R110] would have to do it		the same "calming" at	ffect for her adding she				
like others sometimes have to. R.110 stated was physically able to smoke without anyone helping her and I "do everything on my own," but had been told she needed family with her as "that's a rule here I guess," and added "which I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R.110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R.110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R.110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R.110's family member (FM)-D stated smoking was the "most important thing" to R.110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R.110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R.110 to smoke as she desired, despite R.110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R.110 to smoke while at the facility, however, they were told R.110 would have to sign out and back in and "[R.110] would have to sign out and back in and "[R.110] would have to sign out and back in and "[R.110] would have to do it							
her and I "do everything on my own," but had been told she needed family with her as "that's a rule here I guess," and added "which I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it							
her and I "do everything on my own," but had been told she needed family with her as "that's a rule here I guess," and added "which I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		physically able to smo	oke without anyone helping				
been told she needed family with her as "that's a rule here I guess," and added "which I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 owuld have to do it							
rule here I guess," and added "which I think is stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		•	• •				
Stupid." During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it							
During interview on 12/6/17, at 2:15 p.m. nursing assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to do it		_	d added Willell I tillik is				
assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		Stupiu.					
assistant (NA)-A stated R110 was a stand by assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		Duning intensions on 4	0/0/47				
assist (SBA) with ambulation and spends most of her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		•					
her day inside her room. R110 did, at times, self transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		` '	•				
transfer and walk without staff assistance. Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		, ,					
Further, NA-A stated R110 had sustained a fall outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		•					
outside while bending over to pick up cigarette butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		transfer and walk with	nout staff assistance.				
butts from the ground, however, added staff were unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		Further, NA-A stated	R110 had sustained a fall				
unable to "physically take them [residents]" outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		outside while bending	over to pick up cigarette				
outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		butts from the ground	, however, added staff were				
outside to smoke as it was the facility policy and a non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		unable to "physically t	take them [residents]"				
non-smoking campus. When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it							
When interviewed on 12/6/17, at 2:31 p.m. R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it							
R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		non omormig campac	•				
R110's family member (FM)-D stated smoking was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		When interviewed on	12/6/17 at 2:31 n m				
was the "most important thing" to R110 and him having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it			•				
having to take her outside to smoke "can be very difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it							
difficult." FM-D stated the facility provided R110 with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		•	•				
with a nicotine patch, however, nothing else had been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it		•	_				
been discussed or attempted to allow R110 to smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it							
smoke as she desired, despite R110 repeatedly expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it							
expressing desires to continue to smoke while at the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it			•				
the facility. FM-D asked one of the nurses about allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it							
allowing R110 to smoke while at the facility, however, they were told R110 would have to sign out and back in and "[R110] would have to do it							
however, they were told R110 would have to sign out and back in and "[R110] would have to do it							
however, they were told R110 would have to sign out and back in and "[R110] would have to do it		allowing R110 to smo	ke while at the facility,				
out and back in and "[R110] would have to do it							
When interviewed on 12/6/17, at 4:34 p.m.		When interviewed on	12/6/17, at 4:34 p.m.				

Minnesota Department of Health STATE FORM

STATE FORM BBPD11 If continuation sheet 12 of 14

Minnesota Department of Health

AND BLAN OF CORRECTION IDENTIFICATION NUMBER	TIPLE CONSTRUCTION NG:	(X3) DATE SURVEY COMPLETED	
31401 B. WING _		12/07/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY,	, STATE, ZIP CODE	1 12:01:201	
ST BENEDICTS SENIOR COMMUNITY 990 19TH STREET SC SARTELL, MN 56377			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
registered nurse (RN)-A stated residents' who wished to smoke had to do so on their own and without staff assistance as "that's policy here." R110 sustained a fall since she admitted in which she had been outside smoking and fell out of her wheelchair. Since falling, R110 "has asked again" about going out to smoke and other staff have reported to RN-A about her continued desire to smoke, at times, even asking others for cigarettes and offering to pay them for some. RN-A was unaware of any attempts or interventions in place to help R110 smoke while residing at the facility, and added an evaluation to her abilities and desires would be beneficial. R110's medical record was reviewed and lacked any evidence the facility had worked with R110 to help develop a plan which would allow her to smoke outside as she desired and had requested. On 12/6/17, at 5:16 p.m. registered nurse care coordinator (RNCC)-B and the director of nursing (DON) were interviewed. DON stated if a resident wished to smoke while residing at the facility, the staff "would create a plan with family and friends," to help them do so. RN-B and DON stated they were unaware of R110's desire to continue smoking, and staff should have reported it so a plan to could be developed to allow her to smoke for her "patient centered care," and "quality of life." A facility policy on choices was requested, however, none was provided. SUGGESTED METHOD OF CORRECTION: The DON or designee could develop policies and procedures regarding resident choices, educate staff, and conduct audits to ensure resident likes			

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 13 of 14

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		31401	B. WING		12/07/2017
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
ST BENE	DICTS SENIOR COMMUN	HIY	STREET SOUT MN 56377	Н	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE
21830	1830 Continued From page 13		21830		
	and routines are follo	wed by staff.			
	TIME PERIOD FOR ((21) days.	CORRECTION: Twenty-one			

Minnesota Department of Health

STATE FORM BBPD11 If continuation sheet 14 of 14