Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
April 3, 2025

Administrator
Madonna Towers of Rochester, Inc.
4001 19th Avenue Northwest
Rochester, MN 55901

RE: CCN: 245153
Cycle Start Date: February 12, 2025

Dear Administrator:

On March 25, 2025, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64975
625 Robert St. N
St. Paul, MN 55164-0975
Office: 651-201-4384
Email: holly.zahler@state.mn.us

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Electronically delivered
April 3, 2025

Administrator
Madonna Towers of Rochester, Inc.
4001 19th Avenue Northwest
Rochester, MN 55901

Re: Reinspection Results
Event ID: J5SR12

Dear Administrator:

On March 25, 2025, survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on February 12, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64975
625 Robert St. N
St. Paul, MN 55164-0975
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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 24, 2025

Administrator
Madonna Towers of Rochester, Inc.
4001 19th Avenue Northwest
Rochester, MN 55901

RE: CCN: 245153
Cycle Start Date: February 12, 2025

Dear Administrator:

On February 12, 2025, a survey was completed at your facility by the Minnesota Department of Health, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

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

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

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

Lisa Krebs, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, 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, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of

the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by May 12, 2025 (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).

In addition, if substantial compliance with the regulations is not verified by August 12, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. 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.

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.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 **and Minnesota Statute 144A.10 subd 15**, 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: https://forms.web.health.state.mn.us/form/NHDisputeResolution

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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:
https://forms.web.health.state.mn.us/form/NHDisputeResolution

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

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February 24, 2025

Administrator
Madonna Towers of Rochester, Inc.
4001 19th Avenue Northwest
Rochester, MN 55901

Re: State Nursing Home Licensing Orders
Event ID: J5SR11

Dear Administrator:

The above facility was surveyed on February 10, 2025, through February 12, 2025, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

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

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

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:

Lisa Krebs, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 feel free to call me with any questions.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245153	A. BUILDING _____ B. WING _____	C 02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADONNA TOWERS OF ROCHESTER INC	4001 19TH AVENUE NORTHWEST ROCHESTER, MN 55901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 12/10/25, 12/11/25, and 12/12/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed H51536625C (MN00110375), with a deficiency cited at 656, F690 and F561. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other	F 561		3/20/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/04/2025

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

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F 561	Continued From page 1 applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and document review, the facility failed to provide the opportunity to make choices related to toileting for 2 of 3 residents (R1, R2) reviewed for choices. Findings include: R1's face sheet dated 2/12/25, identified diagnoses of stress fracture of left tibia (hairline crack in the shin bone) and fracture of middle phalanx of left finger. R1's admission minimum data set (MDS) dated 12/19/24, identified resident to be cognitively intact. R1 was dependent for all transfers and frequently incontinent of bowel. R1's care plan dated 2/12/25, identified R1 was dependent for all transfers with a total mechanical lift.	F 561	Care plans for R1 and R2 were updated to reflect resident preferences regarding toileting to ensure their right to self-determination is honored. All facility residents requiring full mechanical lift assistance with toileting were interviewed and reviewed to obtain their toileting preferences. Care plans were updated to reflect toileting preferences accordingly. All facility nursing staff received education on resident rights and dignity, and honoring resident choices regarding daily routines; including toileting preferences. The facility Social Worker or designee will complete resident choice audits related to toileting once per week for six weeks. Results of audits shall be reported at the	

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F 561	Continued From page 2 During an interview on 2/11/25 at 3:50 p.m., R1 stated it had been two days since she has been able to have a bowel movement due to having to use the bedpan instead of using the toilet. R1 stated, "I don't feel like I have any power over anything anymore, they tell me when to eat, when to bathe, and when to get up." R1 stated when she puts her call light on to bathroom to have a bowel movement, staff just put her on a bedpan and do not give her an option to sit on the toilet. During an interview on 12/12/25 at 2:08 p.m., R1's family member (FM)-A stated it is a point of dignity she should not have to ask to go to the bathroom laying in bed if it does not work for her. R2's face sheet dated 2/12/24, identified diagnosis of multiple sclerosis (a disease in which the immune system eats away at the protective covering of the nerves) and neurogenic bladder (condition where a person has lack of bladder control). R2's quarterly MDS dated 12/9/24, identified R2 was cognitively intact and occasionally incontinent of bowel and bladder. R2's care plan dated 12/12/24, identified R2 was assist of two for toileting with a total mechanical lift. During an interview on 2/11/25 at 1:48 p.m., R2 stated staff were using a ceiling lift in her room previously to allow her to sit on the toilet to have a bowel movement, but since the ceiling lift has been out of use the only way she can have a bowel movement was to sit on a bedpan or go in her incontinent garment. R2 explained when she asked to use the toilet to have a bowel	F 561	facility Quality Council meeting with ongoing frequency and duration to be determined through analysis and review of results; to ensure substantial compliance is met.	

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F 561	Continued From page 3 movement, staff told her she had to use the bedpan instead of the toilet. Using the bedpan made made R2 feel "not good ". During an interview on 12/12/25 at 8:47 a.m., regional director registered nurse (RDRN)-B stated if a resident requests to use the toilet it should be care planned to do so and staff should be honoring their request. During an interview on 12/12/25 at 2:50 p.m., director of nursing (DON) stated if a resident's preference to use the toilet to have a bowel movement this should reflect on their care plan, along with their request to not use the bedpan. The staff should be treating the resident in a dignified manner and staff should follow the resident wishes. Review of the facility's Activities of Daily Living policy dated 6/21, identified interventions to improve and or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice.	F 561		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must	F 656		3/20/25

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F 656	Continued From page 4 describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure a comprehensive care plan was developed to	F 656	Care plan for R1 was updated to include resident-specific interventions for catheter care and bowel continence.	

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F 656	Continued From page 5 implement care and services for catheter care and bowel continence for 1 of 1 resident (R1) reviewed for bowel and bladder incontinence/catheter. Findings include: R1's face sheet dated 2/12/25, identified diagnoses of diabetes mellitus, stress fracture of left tibia, chronic kidney disease. R1's admission Minimum Data Set (MDS) dated 12/19/24, identified R1 was cognitively intact and had an indwelling urinary catheter and frequent bowel incontinence. R1's care area assessment (CAA) dated 12/19/24, identified R1 needed assistance for toileting due to indwelling catheter. R1's physician progress note dated 12/18/24, identified R1 had an indwelling urinary catheter placed during a hospitalization for urinary retention. R1's nursing assistant care guide updated 2/5/25, directed staff that R1 had a catheter. However, did not give any direction to staff to provide catheter care or toileting plan. R1's care plan infection focus dated 12/13/24, identified R1 required enhanced barrier precautions (EBP) due to presence of indwelling catheter. Intervention for staff to apply gloves and gowns prior to high-contact activities. R1's care plan did not identify interventions to manage or care for the indwelling catheter or a toileting plan for bowel continence.	F 656	All facility residents with an indwelling catheter and/or bowel continence were reviewed to ensure comprehensive care plans include person-centered interventions. All facility licensed nursing staff received education on the importance of developing and implementing comprehensive, person-centered care plans. Director of Nursing or designee will complete care plan audits once per week for six weeks to ensure catheter and bowel continence care plans include resident-specific interventions. Results of audits shall be reported at the facility Quality Council meeting with ongoing frequency and duration to be determined through analysis and review of results; to ensure substantial compliance is met.	

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F 656	Continued From page 6 During an interview on 2/12/25 at 2:08 p.m., family member (FM)-A stated R1 would have a bowel movement every day "like clockwork" at home. During an interview on 2/12/25 at 2:13 p.m., R1 stated she was able to hold her bowel when she was at home and did not have any episodes of incontinence. R1 stated the facility did not discuss the risks of having a catheter or inquire about my bowel pattern at home. During an interview on 2/12/25 at 2:33 p.m., nursing assistant (NA)-J stated R1's nursing assistant care sheet did reflect she has a catheter, however, did not reflect how to care for it or have a toileting schedule on it. During an interview on 2/12/25 at 2:50 p.m., director of nursing (DON) stated R1's comprehensive care plan did not address interventions for catheter care or toileting plan for bowel continence. Facility's Comprehensive Assessment and Care Planning policy dated 9/27/23, identified the facility must assess continence to develop, review and revise the resident's person-centered comprehensive care plan and all person-centered care plan interventions will be implemented by qualified personnel, and may be communicated through the electronic health record, resident profile, assignment sheets, and/or verbal communication. Residents and resident representatives will be involved in the comprehensive person-centered care planning.	F 656		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)	F 690		3/20/25

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MADONNA TOWERS OF ROCHESTER INC	4001 19TH AVENUE NORTHWEST ROCHESTER, MN 55901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 7 §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to comprehensively	F 690	Care plan for R1 was updated to reflect medical justification for continued catheter	

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	245153	A. BUILDING _____ B. WING _____	C 02/12/2025

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F 690	Continued From page 8 reassess and demonstrate adequate justification for the continued use of indwelling catheter for 1 of 1 resident (R1) reviewed for falls. In addition the facility failed to ensure a resident who was continent of bowel received services to maintain bowel continence for 1 of 1 resident (R1) reviewed for resident safety. Findings include: Catheter justification: R1's care plan dated 12/13/24, identified R1 required Enhanced Barrier Precautions (EBP) related to presence of indwelling catheter device ...R1's care plan was reviewed and identified no indication for a foley catheter with no interventions to monitor for signs and symptoms of infection. R1's Care Area Assessment (CAA) dated 12/14/24, section 6 urinary incontinence identified CAA triggered due to use of an indwelling catheter and need for assistance with toileting. R1 has a catheter in for skin care management, due to history of incontinence and reduced mobility with current fracture. The CAA did not address plan for urinary indwelling catheter removal. R1's admission Minimum Data Set (MDS) dated 12/19/24, identified R1's cognition was intact and had the use of indwelling catheter. R1's Physical Therapy (PT) progress note dated 12/21/24, identified R1 complained of catheter pain. R1's PT progress note dated 1/22/24, identified	F 690	use with ongoing reassessment plans included. Additionally, R1's care plan was updated to include resident-specific interventions for bowel continence and toileting. All facility residents with an indwelling catheter were reviewed to ensure clinical justification and/or diagnoses are documented for ongoing indwelling catheter use. All facility residents with bowel continence will be reassessed to determine appropriate toileting schedules and interventions; in an effort to promote continued continence. Care plans were updated accordingly. All facility nursing staff received education on catheter use guidelines, bowel continence care and toileting, and alternative interventions to promote bowel continence. Director of Nursing or designee will complete audits once per week for six weeks to ensure compliance with catheter care and bowel continence management. Results of audits shall be reported at the facility Quality Council meeting with ongoing frequency and duration to be determined through analysis and review of results; to ensure substantial compliance is met.	

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F 690	Continued From page 9 R1 complained of catheter pain. R1's Occupational Therapy (OT) progress note dated 12/22/24, identified R1 complained of burning in her catheter site. R1's OT progress note dated 12/27/24, identified R1 complained of pain in her catheter. R1's MD progress note dated 12/27/24, identified during R1's hospitalization from 12/4/24 to 12/23/24, R1 developed urinary retention and hence Foley catheter was placed ...R1 was recommended to follow-up with urology to undergo voiding trial (a procedure used to assess a patient's ability to urinate without the assistance of a urinary catheter). R1 has an upcoming appointment on 1/24/2024 with urology. R1's MD Progress note dated 1/24/25, identified ...R1 had developed urinary retention while hospitalized in December 2024 and has had an indwelling urinary catheter since. She will be seeing urology today and anticipates a voiding trial will be done ... R1's Urology Appointment dated 1/24/25, identified R1 experienced urinary retention in the hospital with over a liter in her bladder with moderate hydronephrosis (a condition where urine builds up in the kidney, causing it to swell). This was in the setting orthopedic injury and surgery with narcotics. R1 has an indwelling Foley catheter that has been in place for the last month. This was really helpful to her because she still is not mobile. New orders identified that a catheter change will be completed, will keep catheter in and do monthly catheter changes until R1 is mobile enough so she would be able to go to the	F 690		

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F 690	Continued From page 10	F 690		

bathroom if the catheter was removed, at that time a voiding trial will be done.

R1's progress note dated 2/4/25 at 10:28 p.m., identified a nursing assistant reported that R1 was uneasy and complained of discomfort. R1 stated that she feels the urge to "pee". Abdomen noted to be tender and has low urine output in the catheter bag, 100 cc. On-call provider notified and obtained verbal order to flush the urinary catheter with 60 mL of sterile normal saline. Urinary catheter was flushed as per order. Catheter was draining with urine output of 1000 milliliters (ML) in the catheter bag.

During an observation and interview on 2/11/25 at 4:05 p.m., R1 was seated in her wheelchair in her room and was noted to have a catheter bag. R1 stated she has had the catheter for convenience because since she fractured her leg she can't get to the bathroom easily. At 4:38 p.m., nursing assistant (NA)-J and NA-K assisted R1 to the toilet. NA-J stated she needed to change R1's brief because it was wet from R1's leaking urine from her catheter.

During a phone interview on 2/12/25 at 2:08 p.m., family member (FM)-A stated she brought R1 to the urology appointment on 1/24/25, where they changed R1's catheter. FM-A further stated R1 has her catheter for convenience every time she would have to urinate, she would need a full body mechanical lift to go to the commode. The facility has a hard time getting her to the toilet now. FM-A stated prior to R1's hospitalization R1 was completely continent of bladder. FM-A stated last week the facility called her about a blockage in R1's catheter they had to call the doctor to take care of it.

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F 690	Continued From page 11 During an interview on 2/12/25at 2:13 p.m., R1 stated she did not remember anyone in the facility talking to her about the risks of having the catheter. R1 further stated, they never talked to her about it and did not have a doctor here tell me about the risks. During an interview on 2/12/25 at 2:50 p.m., director of nursing (DON) indicated she was aware that R1 did not have a clinical diagnosis for her catheter use. DON stated she was not aware that R1 had an appointment with urology on 1/24/25, that indicated R1 had new orders to have her catheter changed once a month. DON would follow up with urology to ensure if the facility would be doing the catheter change or if R1 would have to go to an outside appointment for it. DON was unable to find documentation of education of risks and benefits of catheter use were given to R1. During an interview on 2/12/25 at 3:37 p.m., medical director (MD)-A stated R1 currently has a catheter for convenience and does not have a diagnosis for justification of use. Facility policy, "Prevention of Catheter-Associated Urinary Tract Infections (CAUTI)," revised 8/30/23, identified Purpose: Though prevalence of indwelling urinary catheter use in the long-term care setting is lower than in the acute care setting, catheter-associated UTI (CAUTI) can lead to such complications as cystitis, pyelonephritis, bacteremia, and septic shock. These complications associated with CAUTI can result in a decline in resident function and mobility, acute care hospitalizations, and increased mortality. Prevention is key. Policy: It is	F 690		

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F 690	Continued From page 12 the policy of Benedictine communities that indwelling urinary catheters are eliminated whenever possible. A resident who admits to the community without an indwelling catheter is not catheterized unless the resident's clinical condition indicates categorization is necessary for their well-being. General Considerations: 1. When a resident is admitted to the facility with a catheter in place, a thorough physical assessment, as well as history review will be completed. 2. Once reviewed, primary physician will be notified for catheter removal, if there is not a medical reason for use of catheter. 3. Intermittent catheterization will be used whenever possible rather than indwelling catheter. 4. An indwelling catheter is used only after alternative methods have failed ... Bowel Continence: R1's Bowel Observation dated 12/18/24, identified R1 was always continent of bowel and to monitor R1 for constipation due to opiate use. Section 6 treatment/management for program placement was not assessed. Section 7 Bowel summary was left blank. R1's care plan dated 12/18/24 identified a problem with ADL's functional status. R1 had a self-deficit with bowel and bladder. Interventions dated 2/4/25, identified do not use the belted mesh hygiene (toileting) sling. R1's care plan was reviewed and did not identify person centered interventions to resident preference with toileting such as bed pan, commode or toilet, and did not identify toileting plan interventions to maintain bowel continence. R1's Care Area Assessment (CAA) dated	F 690		

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F 690	Continued From page 13 12/19/24, section 5: Activities of Daily Living (ADL's) identified R1's CAA triggered due to left tibial fracture, with non-surgical treatment, was in a long cast and non-weight bearing for at least 6 weeks and being followed by orthopedics and medical doctor. Care plan will be developed due to mobility and cares. R1's admission Minimum Data Set (MDS) dated 12/19/24, identified R1's cognition was intact and R1 was frequently incontinent of bowel. Further identified R1 was dependent with toileting transfers and required substantial to maximal assist with toileting hygiene. R1's care sheet dated 2/3/25, identified R1's toileting to transfer to/from bed, to pull down pants before/after toileting for clothing management. R1 required assist of 1 with adl's and transferred with ez-way mechanical lift x 2. R1's care sheet lacked information how to transfer R1 to the toilet what type of sling to use and also lacked toileting plan to maintain bowel continence. During an observation and interview on 2/11/25 at 4:05 p.m., R1 was seated in her wheelchair in her room and was noted to have her call light on. R1 stated she had her call light on to try and get on the toilet because she had not had a bowel movement for two days since the staff have been making her use the bed pan. R1 further stated, "I used to go every day like clockwork between 1 and 3 pm and it would take me less than 5 minutes." R1 stated now that she hadn't had a bowel movement in two days." R1 had felt gassy earlier and felt full. R1 stated she was going to ask for a laxative if nothing happens. At 4:08	F 690		

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F 690	Continued From page 14 p.m., nursing assistant (NA)-J came in the room, R1 asked NA-J if she could get on the toilet, NA-J stated she was unable to find another staff to help with that. R1 asked NA-J if she would be here tomorrow to try and help her with that? NA-J stated to R1, "ok I will see you tomorrow and left the room." R1 stated she did not get the option to use the toilet only the bed pan. R1 stated, "I just can't have a bowel movement laying down on a bed pan, I have to be sitting up to go." At 4:14 p.m., RN-D walked in the room and offered R1 some Miralax, R1 asked when she would be able to be able to get to the toilet if she took the Miralax. R1 then asked when it would be a good time for her to go to the bathroom. Registered nurse (RN)-D did not answer R1 and R1 declined the Miralax and RN-D left the room. During a continuous observation on 2/11/25 from 4:18 p.m. to 4:40 p.m., NA-J and NA-K positioned a sling under R1 in the wheelchair and were attempting to transfer R1 to the toilet with the ez-way lift (mechanical lift). NA-J and NA-K struggled to get R1's pants down, but were able to get her pants down and pull R1's brief to the side, R1 then was lowered onto the toilet that had a toilet riser on it. When R1 was seated on the toilet her legs were dangling about a foot above the ground. R1 stated she had a bowel movement and was done. NA-J and NA-K transferred R1 with the use of the ez-way lift from the toilet in her bathroom to her bed and performed toileting hygiene. R1 stated "you can't imagine how much better I feel." NA-J stated R1 had a medium formed bowel movement and stated they had not been offering R1 the toilet only the bed pan because it took a lot of time to transfer R1 to the toilet with the ez-way lift.	F 690		

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F 690	Continued From page 15 During an interview on 2/12/25 at 8:47 a.m., regional director registered nurse (RDRN)-B stated if a resident requested to use the toilet versus the bed pan it should be care planned to do so and the staff should be honoring her request. During a phone interview on 2/12/25 at 2:08 p.m., family member (FM)-A stated prior to R1's stay here she was completely continent of bowel. FM-A stated the staff have not been offering R1 the toilet instead had been offering a bed pan. FM-A stated R1 had shared the struggles of not being able to have a bowel movement with a bed pan. During an interview on 2/12/25 at 2:13 p.m., R1 stated she was able to hold her bowel when she was at home and did not have any episodes of incontinence. During an interview on 2/12/25 at 2:50 p.m., director of nursing (DON) stated R1's bowel assessment did not identify patterns of incontinence to determine a toileting schedule and stated the care plan did not identify a preference for how R1 preferred to use the bathroom. Facility bowel assessment policy was requested and not received. Facility policy, "Activities of Daily Living (ADL)," dated June 2021, identified the Purpose: To provide residents with care, treatment and services appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Policy: Residents unable to carry out ADLs independently will receive the services necessary	F 690		

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F 690	Continued From page 16 to maintain good nutrition, grooming, personal hygiene, elimination, communication and mobility. Implementation: 1. Care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care), b. Mobility (transfer and ambulation, including walking) c. Elimination (toileting) ...4. Interventions to improve and/or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice. 5. The resident's response to interventions will be documented, monitored, evaluated and revised as appropriate.	F 690		

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. 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. INITIAL COMMENTS: On 2/10/25, 2/11/25, 2/12/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders	2 000		

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2 000	Continued From page 1 and identify the date when they will be completed. The following complaints were reviewed: H51536625C (MN00110375) with a licensing orders issued at 0565, 0910, and 1830. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of	2 000		

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2 000	Continued From page 2 state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 565	MN Rule 4658.0405 Subp. 3 Comprehensive Plan of Care; Use Subp. 3. Use. A comprehensive plan of care must be used by all personnel involved in the care of the resident. This MN Requirement is not met as evidenced by: Based on observations, interview, and document review, the facility failed to provide the opportunity to make choices related to toileting for 2 of 3 residents (R1, R2) reviewed for choices. Findings include: R1's face sheet dated 2/12/25, identified diagnoses of stress fracture of left tibia (hairline crack in the shin bone) and fracture of middle phalanx of left finger. R1's admission minimum data set (MDS) dated 12/19/24, identified resident to be cognitively intact. R1 was dependent for all transfers and frequently incontinent of bowel. R1's care plan dated 2/12/25, identified R1 was dependent for all transfers with a total mechanical	2 565	Completed 03/20/2025	3/20/25

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 565	Continued From page 3 lift. During an interview on 2/11/25 at 3:50 p.m., R1 stated it had been two days since she has been able to have a bowel movement due to having to use the bedpan instead of using the toilet. R1 stated, "I don't feel like I have any power over anything anymore, they tell me when to eat, when to bathe, and when to get up." R1 stated when she puts her call light on to bathroom to have a bowel movement, staff just put her on a bedpan and do not give her an option to sit on the toilet. During an interview on 12/12/25 at 2:08 p.m., R1's family member (FM)-A stated it is a point of dignity she should not have to ask to go to the bathroom laying in bed if it does not work for her. R2's face sheet dated 2/12/24, identified diagnosis of multiple sclerosis (a disease in which the immune system eats away at the protective covering of the nerves) and neurogenic bladder (condition where a person has lack of bladder control). R2's quarterly MDS dated 12/9/24, identified R2 was cognitively intact and occasionally incontinent of bowel and bladder. R2's care plan dated 12/12/24, identified R2 was assist of two for toileting with a total mechanical lift. During an interview on 2/11/25 at 1:48 p.m., R2 stated staff were using a ceiling lift in her room previously to allow her to sit on the toilet to have a bowel movement, but since the ceiling lift has been out of use the only way she can have a bowel movement was to sit on a bedpan or go in her incontinent garment. R2 explained when she	2 565		

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	00419	A. BUILDING: _____ B. WING _____	02/12/2025

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2 565	Continued From page 4 asked to use the toilet to have a bowel movement, staff told her she had to use the bedpan instead of the toilet. Using the bedpan made made R2 feel "not good ". During an interview on 12/12/25 at 8:47 a.m., regional director registered nurse (RDRN)-B stated if a resident requests to use the toilet it should be care planned to do so and staff should be honoring their request. During an interview on 12/12/25 at 2:50 p.m., director of nursing (DON) stated if a resident's preference to use the toilet to have a bowel movement this should reflect on their care plan, along with their request to not use the bedpan. The staff should be treating the resident in a dignified manner and staff should follow the resident wishes. Review of the facility's Activities of Daily Living policy dated 6/21, identified interventions to improve and or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee should review and revise policies and procedures related to creating and implementing a comprehensive care plan as needed to ensure cares meet the specific needs of each individual resident. The director of nursing or designee should develop a system to educate staff and develop a monitoring system such as measurable audits to ensure individual care plans are created and implemented. The results of those audits should be taken to the QAPI committee to determine compliance or the need for further monitoring.	2 565		

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2 565	Continued From page 5 The administrator should be responsible to ensure this occurs. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 565		
2 910	MN Rule 4658.0525 Subp. 5 A.B Rehab - Incontinence Subp. 5. Incontinence. A nursing home must have a continuous program of bowel and bladder management to reduce incontinence and the unnecessary use of catheters. Based on the comprehensive resident assessment, a nursing home must ensure that: A. a resident who enters a nursing home without an indwelling catheter is not catheterized unless the resident's clinical condition indicates that catheterization was necessary; and B. a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to comprehensively reassess and demonstrate adequate justification for the continued use of indwelling catheter for 1 of 1 resident (R1) reviewed for falls. In addition the facility failed to ensure a resident who was continent of bowel received services to maintain bowel continence for 1 of 1 resident (R1) reviewed for resident safety.	2 910	Completed 03/20/2025	3/20/25

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2 910	Continued From page 6 Findings include: Catheter justification: R1's care plan dated 12/13/24, identified R1 required Enhanced Barrier Precautions (EBP) related to presence of indwelling catheter device ...R1's care plan was reviewed and identified no indication for a foley catheter with no interventions to monitor for signs and symptoms of infection. R1's Care Area Assessment (CAA) dated 12/14/24, section 6 urinary incontinence identified CAA triggered due to use of an indwelling catheter and need for assistance with toileting. R1 has a catheter in for skin care management, due to history of incontinence and reduced mobility with current fracture. The CAA did not address plan for urinary indwelling catheter removal. R1's admission Minimum Data Set (MDS) dated 12/19/24, identified R1's cognition was intact and had the use of indwelling catheter. R1's Physical Therapy (PT) progress note dated 12/21/24, identified R1 complained of catheter pain. R1's PT progress note dated 1/22/24, identified R1 complained of catheter pain. R1's Occupational Therapy (OT) progress note dated 12/22/24, identified R1 complained of burning in her catheter site. R1's OT progress note dated 12/27/24, identified R1 complained of pain in her catheter.	2 910		

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2 910	Continued From page 7 R1's MD progress note dated 12/27/24, identified during R1's hospitalization from 12/4/24 to 12/23/24, R1 developed urinary retention and hence Foley catheter was placed ...R1 was recommended to follow-up with urology to undergo voiding trial (a procedure used to assess a patient's ability to urinate without the assistance of a urinary catheter). R1 has an upcoming appointment on 1/24/2024 with urology. R1's MD Progress note dated 1/24/25, identified ...R1 had developed urinary retention while hospitalized in December 2024 and has had an indwelling urinary catheter since. She will be seeing urology today and anticipates a voiding trial will be done ... R1's Urology Appointment dated 1/24/25, identified R1 experienced urinary retention in the hospital with over a liter in her bladder with moderate hydronephrosis (a condition where urine builds up in the kidney, causing it to swell). This was in the setting orthopedic injury and surgery with narcotics. R1 has an indwelling Foley catheter that has been in place for the last month. This was really helpful to her because she still is not mobile. New orders identified that a catheter change will be completed, will keep catheter in and do monthly catheter changes until R1 is mobile enough so she would be able to go to the bathroom if the catheter was removed, at that time a voiding trial will be done. R1's progress note dated 2/4/25 at 10:28 p.m., identified a nursing assistant reported that R1 was uneasy and complained of discomfort. R1 stated that she feels the urge to "pee". Abdomen noted to be tender and has low urine output in the catheter bag, 100 cc. On-call provider notified and obtained verbal order to flush the urinary	2 910		

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2 910	Continued From page 8 catheter with 60 mL of sterile normal saline. Urinary catheter was flushed as per order. Catheter was draining with urine output of 1000 milliliters (ML) in the catheter bag. During an observation and interview on 2/11/25 at 4:05 p.m., R1 was seated in her wheelchair in her room and was noted to have a catheter bag. R1 stated she has had the catheter for convenience because since she fractured her leg she can't get to the bathroom easily. At 4:38 p.m., nursing assistant (NA)-J and NA-K assisted R1 to the toilet. NA-J stated she needed to change R1's brief because it was wet from R1's leaking urine from her catheter. During a phone interview on 2/12/25 at 2:08 p.m., family member (FM)-A stated she brought R1 to the urology appointment on 1/24/25, where they changed R1's catheter. FM-A further stated R1 has her catheter for convenience every time she would have to urinate, she would need a full body mechanical lift to go to the commode. The facility has a hard time getting her to the toilet now. FM-A stated prior to R1's hospitalization R1 was completely continent of bladder. FM-A stated last week the facility called her about a blockage in R1's catheter they had to call the doctor to take care of it. During an interview on 2/12/25at 2:13 p.m., R1 stated she did not remember anyone in the facility talking to her about the risks of having the catheter. R1 further stated, they never talked to her about it and did not have a doctor here tell me about the risks. During an interview on 2/12/25 at 2:50 p.m., director of nursing (DON) indicated she was aware that R1 did not have a clinical diagnosis for	2 910		

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2 910	Continued From page 9 her catheter use. DON stated she was not aware that R1 had an appointment with urology on 1/24/25, that indicated R1 had new orders to have her catheter changed once a month. DON would follow up with urology to ensure if the facility would be doing the catheter change or if R1 would have to go to an outside appointment for it. DON was unable to find documentation of education of risks and benefits of catheter use were given to R1. During an interview on 2/12/25 at 3:37 p.m., medical director (MD)-A stated R1 currently has a catheter for convenience and does not have a diagnosis for justification of use. Facility policy, "Prevention of Catheter-Associated Urinary Tract Infections (CAUTI)," revised 8/30/23, identified Purpose: Though prevalence of indwelling urinary catheter use in the long-term care setting is lower than in the acute care setting, catheter-associated UTI (CAUTI) can lead to such complications as cystitis, pyelonephritis, bacteremia, and septic shock. These complications associated with CAUTI can result in a decline in resident function and mobility, acute care hospitalizations, and increased mortality. Prevention is key. Policy: It is the policy of Benedictine communities that indwelling urinary catheters are eliminated whenever possible. A resident who admits to the community without an indwelling catheter is not catheterized unless the resident's clinical condition indicates categorization is necessary for their well-being. General Considerations: 1. When a resident is admitted to the facility with a catheter in place, a thorough physical assessment, as well as history review will be completed. 2. Once reviewed, primary physician will be notified for catheter removal, if there is not a medical reason	2 910		

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2 910	Continued From page 10 for use of catheter. 3. Intermittent catheterization will be used whenever possible rather than indwelling catheter. 4. An indwelling catheter is used only after alternative methods have failed ... Bowel Continence: R1's Bowel Observation dated 12/18/24, identified R1 was always continent of bowel and to monitor R1 for constipation due to opiate use. Section 6 treatment/management for program placement was not assessed. Section 7 Bowel summary was left blank. R1's care plan dated 12/18/24 identified a problem with ADL's functional status. R1 had a self-deficit with bowel and bladder. Interventions dated 2/4/25, identified do not use the belted mesh hygiene (toileting) sling. R1's care plan was reviewed and did not identify person centered interventions to resident preference with toileting such as bed pan, commode or toilet, and did not identify toileting plan interventions to maintain bowel continence. R1's Care Area Assessment (CAA) dated 12/19/24, section 5: Activities of Daily Living (ADL's) identified R1's CAA triggered due to left tibial fracture, with non-surgical treatment, was in a long cast and non-weight bearing for at least 6 weeks and being followed by orthopedics and medical doctor. Care plan will be developed due to mobility and cares. R1's admission Minimum Data Set (MDS) dated 12/19/24, identified R1's cognition was intact and R1 was frequently incontinent of bowel. Further identified R1 was dependent with toileting transfers and required substantial to maximal	2 910		

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2 910	Continued From page 11 assist with toileting hygiene. R1's care sheet dated 2/3/25, identified R1's toileting to transfer to/from bed, to pull down pants before/after toileting for clothing management. R1 required assist of 1 with adl's and transferred with ez-way mechanical lift x 2. R1's care sheet lacked information how to transfer R1 to the toilet what type of sling to use and also lacked toileting plan to maintain bowel continence. During an observation and interview on 2/11/25 at 4:05 p.m., R1 was seated in her wheelchair in her room and was noted to have her call light on. R1 stated she had her call light on to try and get on the toilet because she had not had a bowel movement for two days since the staff have been making her use the bed pan. R1 further stated, "I used to go every day like clockwork between 1 and 3 pm and it would take me less than 5 minutes." R1 stated now that she hadn't had a bowel movement in two days." R1 had felt gassy earlier and felt full. R1 stated she was going to ask for a laxative if nothing happens. At 4:08 p.m., nursing assistant (NA)-J came in the room, R1 asked NA-J if she could get on the toilet, NA-J stated she was unable to find another staff to help with that. R1 asked NA-J if she would be here tomorrow to try and help her with that? NA-J stated to R1, "ok I will see you tomorrow and left the room." R1 stated she did not get the option to use the toilet only the bed pan. R1 stated, "I just can't have a bowel movement laying down on a bed pan, I have to be sitting up to go." At 4:14 p.m., RN-D walked in the room and offered R1 some Miralax, R1 asked when she would be able to be able to get to the toilet if she took the Miralax. R1 then asked when it would be a good	2 910		

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2 910	Continued From page 12 time for her to go to the bathroom. Registered nurse (RN)-D did not answer R1 and R1 declined the Miralax and RN-D left the room. During a continuous observation on 2/11/25 from 4:18 p.m. to 4:40 p.m., NA-J and NA-K positioned a sling under R1 in the wheelchair and were attempting to transfer R1 to the toilet with the ez-way lift (mechanical lift). NA-J and NA-K struggled to get R1's pants down, but were able to get her pants down and pull R1's brief to the side, R1 then was lowered onto the toilet that had a toilet riser on it. When R1 was seated on the toilet her legs were dangling about a foot above the ground. R1 stated she had a bowel movement and was done. NA-J and NA-K transferred R1 with the use of the ez-way lift from the toilet in her bathroom to her bed and performed toileting hygiene. R1 stated "you can't imagine how much better I feel." NA-J stated R1 had a medium formed bowel movement and stated they had not been offering R1 the toilet only the bed pan because it took a lot of time to transfer R1 to the toilet with the ez-way lift. During an interview on 2/12/25 at 8:47 a.m., regional director registered nurse (RDRN)-B stated if a resident requested to use the toilet versus the bed pan it should be care planned to do so and the staff should be honoring her request. During a phone interview on 2/12/25 at 2:08 p.m., family member (FM)-A stated prior to R1's stay here she was completely continent of bowel. FM-A stated the staff have not been offering R1 the toilet instead had been offering a bed pan. FM-A stated R1 had shared the struggles of not being able to have a bowel movement with a bed pan.	2 910		

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2 910	Continued From page 13 During an interview on 2/12/25 at 2:13 p.m., R1 stated she was able to hold her bowel when she was at home and did not have any episodes of incontinence. During an interview on 2/12/25 at 2:50 p.m., director of nursing (DON) stated R1's bowel assessment did not identify patterns of incontinence to determine a toileting schedule and stated the care plan did not identify a preference for how R1 preferred to use the bathroom. Facility bowel assessment policy was requested and not received. Facility policy, "Activities of Daily Living (ADL)," dated June 2021, identified the Purpose: To provide residents with care, treatment and services appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Policy: Residents unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming, personal hygiene, elimination, communication and mobility. Implementation: 1. Care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care), b. Mobility (transfer and ambulation, including walking) c. Elimination (toileting) ...4. Interventions to improve and/or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice. 5. The resident's response to interventions will be documented, monitored,	2 910		

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2 910	Continued From page 14 evaluated and revised as appropriate. SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, could review all physician orders for residents with catheters to ensure cares are performed as ordered. The director of nursing or designee, could conduct routine audits to ensure appropriate care and services were implemented as ordered. The results of those audits should be taken to the QAPI committee for a determined amount of time to ensure compliance or the need for further monitoring. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	2 910		
21830	MN St. Statute 144.651 Subd. 10 Patients & Residents of HC Fac.Bill of Rights Subd. 10. Participation in planning treatment; notification of family members. (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	21830		3/20/25

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21830	Continued From page 15 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 family member to participate in treatment planning, unless the facility knows or has reason to believe the resident has an effective advance directive to the contrary or knows the resident has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the resident has executed an advance directive relative to the esident's health care decisions. For purposes of this paragraph, "reasonable efforts" include: (1) examining the personal effects of the resident; (2) examining the medical records of the resident in the possession of the facility; (3) inquiring of any emergency contact or family member contacted under this section whether the resident has executed an advance directive and whether the resident has a physician to whom the resident normally goes for care; and (4) inquiring of the physician to whom the resident normally goes for care, if known, whether the resident has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the	21830		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
21830	Continued From page 16 patient's privacy rights. (c) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the resident and the medical records of the resident in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the resident has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility in implementing this subdivision is not liable to the resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights. This MN Requirement is not met as evidenced by: Based on observations, interview, and document review, the facility failed to provide the opportunity to make choices related to toileting for 2 of 3 residents (R1, R2) reviewed for choices. Findings include: R1's face sheet dated 2/12/25, identified diagnoses of stress fracture of left tibia (hairline	21830	Completed 03/20/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00419	A. BUILDING: _____ B. WING _____	02/12/2025

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21830	Continued From page 17 crack in the shin bone) and fracture of middle phalanx of left finger. R1's admission minimum data set (MDS) dated 12/19/24, identified resident to be cognitively intact. R1 was dependent for all transfers and frequently incontinent of bowel. R1's care plan dated 2/12/25, identified R1 was dependent for all transfers with a total mechanical lift. During an interview on 2/11/25 at 3:50 p.m., R1 stated it had been two days since she has been able to have a bowel movement due to having to use the bedpan instead of using the toilet. R1 stated, "I don't feel like I have any power over anything anymore, they tell me when to eat, when to bathe, and when to get up." R1 stated when she puts her call light on to bathroom to have a bowel movement, staff just put her on a bedpan and do not give her an option to sit on the toilet. During an interview on 12/12/25 at 2:08 p.m., R1's family member (FM)-A stated it is a point of dignity she should not have to ask to go to the bathroom laying in bed if it does not work for her. R2's face sheet dated 2/12/24, identified diagnosis of multiple sclerosis (a disease in which the immune system eats away at the protective covering of the nerves) and neurogenic bladder (condition where a person has lack of bladder control). R2's quarterly MDS dated 12/9/24, identified R2 was cognitively intact and occasionally incontinent of bowel and bladder. R2's care plan dated 12/12/24, identified R2 was	21830		

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21830	Continued From page 18 assist of two for toileting with a total mechanical lift. During an interview on 2/11/25 at 1:48 p.m., R2 stated staff were using a ceiling lift in her room previously to allow her to sit on the toilet to have a bowel movement, but since the ceiling lift has been out of use the only way she can have a bowel movement was to sit on a bedpan or go in her incontinent garment. R2 explained when she asked to use the toilet to have a bowel movement, staff told her she had to use the bedpan instead of the toilet. Using the bedpan made made R2 feel "not good ". During an interview on 12/12/25 at 8:47 a.m., regional director registered nurse (RDRN)-B stated if a resident requests to use the toilet it should be care planned to do so and staff should be honoring their request. During an interview on 12/12/25 at 2:50 p.m., director of nursing (DON) stated if a resident's preference to use the toilet to have a bowel movement this should reflect on their care plan, along with their request to not use the bedpan. The staff should be treating the resident in a dignified manner and staff should follow the resident wishes. Review of the facility's Activities of Daily Living policy dated 6/21, identified interventions to improve and or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice. SUGGESTED METHOD OF CORRECTION: DON/Social Service and/or their designee could	21830		

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21830	Continued From page 19 develop /revise policies for resident choices and educate all facility staff on those policies. The DON and/or designee could conduct resident interviews to ensure resident choices are being honored, reviewed then aduit to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21830		