



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered  
January 19, 2022

Administrator  
Benedictine Health Center  
935 Kenwood Avenue  
Duluth, MN 55811

RE: CCN: 245236  
Cycle Start Date: December 3, 2021

Dear Administrator:

On December 3, 2021, 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.

Joanne Simon, Enforcement Specialist  
Minnesota Department of Health  
Program Assurance Unit  
Health Regulation Division  
Telephone: 651-201-4161 Fax: 651-215-9697  
Email: [joanne.simon@state.mn.us](mailto:joanne.simon@state.mn.us)

cc: Licensing and Certification File



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
December 10, 2021

Administrator  
Benedictine Health Center  
935 Kenwood Avenue  
Duluth, MN 55811

Re: State Nursing Home Licensing Orders  
Event ID: ONE011

Dear Administrator:

The above facility was surveyed on December 2, 2021 through December 3, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

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

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

Benedictine Health Center

December 10, 2021

Page 2

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

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

**Terri Ament, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Duluth Technology Village  
11 East Superior Street, Suite 290  
Duluth, Minnesota 55802-2007  
Email: [teresa.ament@state.mn.us](mailto:teresa.ament@state.mn.us)  
Office: (218) 302-6151 Mobile: (218) 766-2720**

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.

Sincerely,



Joanne Simon, Enforcement Specialist  
Minnesota Department of Health  
Program Assurance Unit  
Health Regulation Division  
Telephone: 651-201-4161 Fax: 651-215-9697  
Email: [joanne.simon@state.mn.us](mailto:joanne.simon@state.mn.us)

cc: Licensing and Certification File

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

PRINTED: 05/31/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245236</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/03/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENEDICTINE HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>935 KENWOOD AVENUE DULUTH, MN 55811</b>		
(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 12/2/21, through 12/3/21, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found to be NOT in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.  The following complaint was found to be SUBSTANTIATED: H5236077C (MN78930) with a deficiency sited at F755.  The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must acknowledge receipt of the electronic documents.	F 000			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed	F 755		12/17/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <b>Electronically Signed</b>	TITLE	(X6) DATE <b>12/17/2021</b>
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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 755	<p>Continued From page 1</p> <p>pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure medications were available to be administered as prescribed by the physician for 1 of 3 residents (R1) reviewed for medication availability.</p> <p>Findings Include:</p> <p>R1's Admission Record printed 12/3/21, identified R1 had diagnoses which included history of compression fracture of first lumbar vertebra, chronic pain, and fibromyalgia (a condition characterized by chronic widespread pain).</p> <p>R1's current Physician Orders initiated 8/27/21, included Dilaudid (narcotic pain medication) 1 milligrams (mg) dose 4 times a day scheduled for 8:00 a.m., 2:00 p.m., 8:00 p.m. and 2:00 a.m.</p> <p>R1's care plan initiated 5/19/21, indicated R1 had pain, with staff interventions to include administer pain medication as ordered by MD.</p>	F 755	<p>R1's pain medication has been reordered and administered per MD order.</p> <p>Report was ran from eMAR to identify if any other resident's pain medications were omitted. None were identified.</p> <p>All licensed staff and TMAs have been re-educated on the process of contacting the pharmacy when medications are not available. If medications are not able to be provided in a timely manner from pharmacy, staff are to contact Alixa pharmacy to arrange the use of back-up pharmacy.</p> <p>The delay in service was triggered by a software issue with our pharmacy provider Alixa. Alixa has developed an emergency plan for if/when their system crashes again. They have engaged their contracted backup pharmacy provider to expand their network of backup</p>		

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F 755	<p>Continued From page 2</p> <p>On 12/2/21, at 2:34 p.m. R1 was interviewed and stated a week or so ago, she had not received her pain medications as prescribed by her doctor. R1 stated when she asked the nurses for her pain medication, they stated there were problems with the pharmacy computers. R1 stated the staff also told her there were not enough of her prescribed pain medications in the emergency kit (E-kit) for them to administer.</p> <p>On 12/3/21, at 10:03 a.m. the director of nursing (DON) was interviewed and stated the computer system which dispenses medication was hacked on the pharmacy level on 11/21/21. The DON stated this only affected the narcotic medications. The DON stated the facility E-kit was also controlled through the same computer system that dispenses medications. The DON stated R1 had missed a total of 3 doses of her prescribed pain medications between the dates of 11/22/21, and 11/23/21. The DON stated R1 had been the only resident that was affected by the pharmacy computer system going down.</p> <p>On 12/3/21, at 10:56 a.m. licensed practical nurse (LPN)-A was interviewed and stated R1 had not been administered her Dilaudid dose on 11/22/21 at 8:00 a.m., 11/22/21, at 2:00 p.m. and 11/23/21, at 8:00 a.m. LPN-A stated the facility had not contacted the local pharmacy because the pharmacy out of the Minneapolis area had indicated they were sending up a E-Kit immediately; however, the E-kit had not arrived timely causing R1 to not receive her pain medication as ordered. LPN-A stated R1 should not have missed 2 doses in a row.</p> <p>On 12/3/21, at 11:20 a.m. the pharmacist (P)-A was interviewed. P-A stated she had been told by</p>	F 755	<p>pharmacies from which they can direct first dose and emergency medication.</p> <p>Audit tool has been created to identify any omission of pain medications, which are being completed x3 a week (mon, wed, fri). If omissions are noted, management team will follow up as to why omission occurred. Audits will be completed until Quality Council Committee deems 100% compliance.</p>		

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

PRINTED: 05/31/2022  
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F 755	Continued From page 3 the DON a resident had missed a total of 3 doses of scheduled pain medications. P-A stated the entire computerized medication dispensing system crashed. P-A stated she did not know why the facility had not contacted the local pharmacy for these medications. P-A further stated this incident could have to potential to hugely impact patients care if their pain was not managed.  The facility policy Administering Medications dated 2020, directed the purpose of the policy is to ensure safe administration of resident's medication as indicated and ordered by the provider. The policy directed staff to administer resident medications in a safe and accurate manner that will ensure the 6 rights of patient identification for administration.	F 755			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00861</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/03/2021</b>
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>NH LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p><b>INITIAL COMMENTS:</b> On 12/2/21, through 12/3/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT IN compliance with the MN State Licensure.</p> <p>The following complaint was found to be</p>	2 000		

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

TITLE

(X6) DATE  
12/17/21



Minnesota Department of Health

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2 000	Continued From page 1  SUBSTANTIATED: H5236077C (MN78930) with a licensing order issued at 4658.1305 Subp. 1.  The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		
21550	MN Rule 4658.1325 Subp. 1 Adminiatration of Medications; Pharmacy Serv.  Subpart 1. Pharmacy services. A nursing home must arrange for the provision of pharmacy services.  This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure medications were available to be administered as prescribed by the physician for 1 of 3 residents (R1) reviewed for medication availability.  Findings Include:  R1's Admission Record printed 12/3/21, identified R1 had diagnoses which included history of compression fracture of first lumbar vertebra, chronic pain, and fibromyalgia (a condition characterized by chronic widespread pain).  R1's current Physician Orders initiated 8/27/21,	21550	Corrected	12/17/21

Minnesota Department of Health

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21550	<p>Continued From page 2</p> <p>included Dilaudid (narcotic pain medication) 1 milligrams (mg) dose 4 times a day scheduled for 8:00 a.m., 2:00 p.m., 8:00 p.m. and 2:00 a.m.</p> <p>R1's care plan initiated 5/19/21, indicated R1 had pain, with staff interventions to include administer pain medication as ordered by MD.</p> <p>On 12/2/21, at 2:34 p.m. R1 was interviewed and stated a week or so ago, she had not received her pain medications as prescribed by her doctor. R1 stated when she asked the nurses for her pain medication, they stated there were problems with the pharmacy computers. R1 stated the staff also told her there were not enough of her prescribed pain medications in the emergency kit (E-kit) for them to administer.</p> <p>On 12/3/21, at 10:03 a.m. the director of nursing (DON) was interviewed and stated the computer system which dispenses medication was hacked on the pharmacy level on 11/21/21. The DON stated this only affected the narcotic medications. The DON stated the facility E-kit was also controlled through the same computer system that dispenses medications. The DON stated R1 had missed a total of 3 doses of her prescribed pain medications between the dates of 11/22/21, and 11/23/21. The DON stated R1 had been the only resident that was affected by the pharmacy computer system going down.</p> <p>On 12/3/21, at 10:56 a.m. licensed practical nurse (LPN)-A was interviewed and stated R1 had not been administered her Dilaudid dose on 11/22/21 at 8:00 a.m., 11/22/21, at 2:00 p.m. and 11/23/21, at 8:00 a.m. LPN-A stated the facility had not contacted the local pharmacy because the pharmacy out of the Minneapolis area had indicated they were sending up a E-Kit</p>	21550		

Minnesota Department of Health

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21550	<p>Continued From page 3</p> <p>immediately; however, the E-kit had not arrived timely causing R1 to not receive her pain medication as ordered. LPN-A stated R1 should not have missed 2 doses in a row.</p> <p>On 12/3/21, at 11:20 a.m. the pharmacist (P)-A was interviewed. P-A stated she had been told by the DON a resident had missed a total of 3 doses of scheduled pain medications. P-A stated the entire computerized medication dispensing system crashed. P-A stated she did not know why the facility had not contacted the local pharmacy for these medications. P-A further stated this incident could have to potential to hugely impact patients care if their pain was not managed.</p> <p>The facility policy Administering Medications dated 2020, directed the purpose of the policy is to ensure safe administration of resident's medication as indicated and ordered by the provider. The policy directed staff to administer resident medications in a safe and accurate manner that will ensure the 6 rights of patient identification for administration.</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The Director of Nursing (DON) or designee could develop, review, and/or revise policies and procedures regarding the usage and ordering of medications located in the facilities emergency kit (E-Kit). A member of the nursing staff could randomly review E-Kit medication storage/lock box to ensure all medications have been documented, ordered, and received in a timely manner. The DON or designee could educate all appropriate staff on the policies and procedures. The DON or designee could develop monitoring systems to ensure ongoing compliance.</p>	21550		

Minnesota Department of Health

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21550	Continued From page 4  TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21550		