

Electronically Delivered April 22, 2022

Administrator Benedictine Health Center 935 Kenwood Avenue Duluth, MN 55811

RE: CCN: 245236

Cycle Start Date: March 8, 2022

Dear Administrator:

On April 18, 2022, 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.

Sincerely,

Joanne Simon, Compliance Analyst

Minnesota Department of Health

Program Assurance Unit Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: joanne.simon@state.mn.us

cc: Licensing and Certification File



Electronically delivered

April 22, 2022

Administrator Benedictine Health Center 935 Kenwood Avenue Duluth, MN 55811

Re: Reinspection Results

Event ID: 5INK12

Dear Administrator:

On April 18, 2022 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 April 18, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Joanne Simon, Compliance Analyst

Minnesota Department of Health

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: joanne.simon@state.mn.us

cc: Licensing and Certification File



Electronically delivered March 25, 2022

Administrator Benedictine Health Center 935 Kenwood Avenue Duluth, MN 55811

RE: CCN: 245236

Cycle Start Date: March 8, 2022

Dear Administrator:

On March 8, 2022, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), 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

Benedictine Health Center March 25, 2022 Page 2

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:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us

Office: (320) 223-7356 Mobile: (651) 230-2334

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, 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

Benedictine Health Center March 25, 2022 Page 3

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 June 8, 2022 (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 September 8, 2022 (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) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04 8.html

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

Benedictine Health Center March 25, 2022 Page 4 Feel free to contact me if you have 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

cc: Licensing and Certification File

PRINTED: 07/26/2022 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (2) MULTIPLE CONSTRUCTION . BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 245236 | B. WING | | | | C / 08/2022 |
| | PROVIDER OR SUPPLIER | ER | | 935 KENW | DDRESS, CITY, STATE, ZIP CODE VOOD AVENUE , MN 55811 | , | |
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| F 000 | abbreviated investiat your facility. You in compliance with 483, Subpart B, Recare Facilities. The following comp SUBSTANTIATED deficiencies cited at The facility's plan of as your allegation of Departments acceen rolled in ePOC, at the bottom of the form. Your electron be used as verificated used used as verificated used used used used used used used us | 3/8/22, a standard gation survey was conducted r facility was found to be NOT the requirements of 42 CFR equirements for Long Term colaints were found to be H5236085C (MN81298), with at (F580). If correction (POC) will serve of compliance upon the otance. Because you are your signature is not required the first page of the CMS-2567 acceptable electronic POC, and are facility may be conducted to antial compliance with the en attained. (Injury/Decline/Room, etc.) (14)(i)-(iv)(15) Itification of Changes. In the resident control of the resident control | F C | | | | 4/4/22 |
| LAROPATORY | mental, or psychos deterioration in hea | ange in the resident's physical, ocial status (that is, a alth, mental, or psychosocial | NATURE | | TITLE | | (X6) DATE |

Electronically Signed 04/04/2022

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.

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ′ | PLE CONSTRUCTION IG | COMPLETED | | |
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| F 580 | clinical complication (C) A need to alter a need to discontin treatment due to accommence a new f (D) A decision to tra resident from the fa §483.15(c)(1)(ii). (ii) When making n (14)(i) of this section all pertinent information is available and prophysician. (iii) The facility must resident and the result when there is-(A) A change in rocas specified in §483 (B) A change in result of the section (iv) The facility must update the address phone number of the representative(s). §483.10(g)(15) Admission to a conthat is a composite §483.5) must disclosite physical configulocations that compart, and must specific room changes betwoed the section of | threatening conditions or ns); treatment significantly (that is, ue an existing form of dverse consequences, or to form of treatment); or ansfer or discharge the acility as specified in otification under paragraph (g) on, the facility must ensure that ation specified in §483.15(c)(2) ovided upon request to the stalso promptly notify the sident representative, if any, or or roommate assignment 3.10(e)(6); or ident rights under Federal or tions as specified in paragraph on. It record and periodically is (mailing and email) and ne resident mose in its admission agreement ration, including the various orise the composite distinct cify the policies that apply to ween its different locations | F 58 | 30 | | |
| | by: Based on interview | v and document review, the | | R1 discharged and did not retu | rn to the | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIF A. BUILDING | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| F 580 | facility failed to ens provider was notifie change in condition related to a change insulin refusals and status. The facility's harm for R1 whose despite requiring alliters (L) to 6 L since elevated temperaturequired hospitalizas aturation level of soxygen. Findings include: R1's diagnoses obto Discharge Summan fracture of unspecifications and provided in the state of the state | ure a resident's medical and in a timely manner of a for 1 of 1 resident (R1) are in vital signs, poor appetitie, I deterioraring respiratory a failure resulted in actual a treatment was delayed in increase in oxygen from 2 the hospital discharge and an are of 100.5 degrees. R1 ation related to a low oxygen at a failure of 100.5 degrees. R1 ation related to a low oxygen at a field part of left clavicle, primary of the for fracture with routine structive pulmonary disease, and chronic kidney disease aronic diastolic (congestive) in atrial fibrillation, it and mobility and weakness. The se's notes revealed the ated 12/17/20, at 9:40 p.m. and ditted to the facility for the hospital where he had strointestinal (GI) bleeding and a secondary to resident pop" while transferring into his | F 580 | facility An audit was completed of a residents for any changes of that were not yet reported to physician or resident repression or resident repression of the provided and remains appropriate to policy and provided to all lice in regards to policy and provident representative's. Two audits per week of all representative with a change in condition to appropriate notifications were compliance date April 4th, 2 | f conditions or resident's entative. Condition opriate. Staff ensed nurses cedures for hysicians and esidents will ew residents or ensure re completed. | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING | | | COMPLETED | |
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| | right lower lobe. R1 minimal exertion, wheel, and had reporeven with head of be used for the further the note incorpered to sit/slee wore continuous ox cannula. The reside identified as 92%. -Progress Note data indicated R1 had a (morning) with reside oxygen levels droppoxygen, with respiration of also indicated "mild" congestion thand was complaining at rest in wheelchair more fatigued and syesterday. Resident told therapy he was breathe (SOB) at note also indicated (SLCC) was updated (SLCC) was updated (SLCC) was updated (SLCC) with different panel (CMP- is a test substances in your peptide (BNP- bloothe BNP hormone in indicated (SLCC) was updated (SLCC) with different panel (CMP- is a test substances in your peptide (BNP- bloothe BNP hormone indicated indicated (SLCC) was updated (SLCC) with different panel (CMP- is a test substances in your peptide (BNP- bloothe BNP hormone indicated indicated (BNP- bloothe BNP hormone indicated (BNP- bloothe BNP | some crackles were noted to had shortness of breath with as unable to tolerate lying in ted he felt too short of breath bed elevated at 90 degrees. dicated R1 reported he in his recliner at night and tygen at 2 liters (L) via nasal ent's oxygen saturation was ed 12/18/20, at 10:54 a.m. temperature of 99.3 this AM dent also de-sating (blood bing) to 76-77% on 2 L of ations at 24 per minute. The the resident complained of the started "about 2 days ago" ng of feeling light headed while in. Resident also stated he felt weaker in comparison to thad some conflicting reports; a experiencing shortness of told writer that he had a good denied SOB. Lung sounds swab was negative for Covid. St. Luke's Community Care and orders were obtained to included complete blood count tial, comprehensive metabolic est that measures 14 different blood), B-type natriuretic d test measures the levels of in your blood which can e), daily weights are to be | F 58 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | C C | |
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| F 580 | further indicated R: from 2 LPM to 5 LF saturations up to 8 documentation/ordbeing bumped abornurse practitioner. -Progress Note datindicated, "Chest X following impression opacities in both lurinfectious process: pneumonia. The heroscularity appear hemidiaphragm rerview is nondiagnos Lab results still pernurse manager upoin resident's chart." -Progress Note datindicated labs had were elevated (high normal levels (0.0-(C02) 38 with normal glucose 112 (60-99 27 (a test that reveworking with normal 12.3 (a blood test to white blood cells in infections with norm Neutrophils 8.95 (a act as the immune Having a high percoblood is a sign that | of 's oxygen had been increased PM to get the oxygen 8-89%. There was no er for the oxygen liter flow eve 4 liters according to the end 12/18/20, at 1:52 p.m. (1-ray came back with the en: Peripheral airspace engs are concerning for atypical such as COVID-19 eart size and pulmonary stable. The right mains elevated. The lateral tic. Results faxed to SLCC. Inding. Infection nurse and dated. Copy of results placed | F 58 | 30 | | | |
| | was updated, a co | ated Family member (FM)-A py of results were placed in e rounding nurse practitioner | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1 | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED C | |
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| F 580 | (NP) was updated, BMP to be recheck During further review was revealed the mounding NP was were peat the labs on record of the order order written in R1 re-checking the lab record lacked docuphysician/NP of whinitiated despite R1 cell count at 12.3 wand Neutrophil's 8. despite this being a labs obtained prior the day prior, 12/17 WBC and 6.1 Neutrophil's 8. despite this being a labs obtained prior the day prior, 12/17 WBC and 6.1 Neutrophil's 8. despite this being a labs obtained prior the day prior, 12/17 was call light and values) were identificated "Residen use call light and values of increased SOB oxygen saturation was situated into help breathes through the solution of the despersion of the solution of the solu | and an order for CBC and sed on Monday was obtained. Ew of R1's medical record it medical record lacked who the who provided the orders to 12/21/20. There was also no as a telephone order or verballs medical record for s. In addition, the medical amentation from the rounding my other treatments were not 1 having elevated white blood with normal levels (3.8-10.6) 95 with normal levels (1.8-7.8) abnormal compared to the last to discharge from the hospital 7/20, when results of 9.4 for trophil's (both normal lab | F 5 | 80 | | | |

| STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED C | |
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| F 580 | this NOC [night] she blood sugar was 1' snack. Resident ha awaiting results. Coresults." The progresults." The progresults." The progresults in th | aift. Residents 10 at bedtime [HS], had HS ad chest x-ray done today, still OVID swab done, still awaiting ess note lacked evidence the had been contacted about the ure as this was the first time mal x-ray and chest x-ray with 2/21/20. ated 12/19/20, at 3:04 p.m. t ate poorly this day shift. Held blood suger] only 74 in am and refused noon insulin. Ate only BS was 282 before not want the insulin. Next nurse were in the low 90's on 6 L high B noted at times, especially o change. Res could not ut back in reclining chair, but hift. Staff able to calm res SOB in thru deep slow breathing for day shift. Tolerated Small yellowing drainage on Wrapped right lower extremity inge and wrapped Kerlix on left ling sounds [LS] are dim ome wheezing noted in upper | F 58 | 30 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| F 580 | recliner. Oxygen s. [nasal cannula]. No remains afebrile. E shoulder/clavicle a pain effectively ma Gabapentin and programme." -Admission Note dindicated "Resident uses call light approf SOB, on 6 L oxy [d/t] easier to breat [temperature] 100. sugar [BS] checked 112 at 0120 [1:20 and checking, recheck blood sugar of 234 No PRN [as needed scheduled medicated on enhanced precipesults." The noted physician/provider SOB and elevated note did not indicated "Res SO Sats in the 88-90% Res appetite poor, called for update a history [hx] of bown loose large stools insisted loose stool him. Abd [abdomestimes and programmes and programmes appetite poor, called for update and history [hx] of bown loose large stools insisted loose stool him. Abd [abdomestimes and programmes and programme | es. He prefers to sit/sleep in ats are 92% on 6 L via NC o cough noted. Resident denied chest pain. Left and left lower extremity/stump inaged with scheduled in [as needed] Tylenol. Omfortably in recliner at this atted 12/20/20, at 3:10 a.m. In the able to make needs known, copriately. Resident complains and attemption of the sitting up. Temp 5. Resident wanted blood in dot feeling low, blood sugars a.m.] with snack given after atted at 0245 [2:45 a.m.] with a [2:34 a.m.], feels a little better. It is a little better. It is a little better and in a little saving in a little better. It is a little better in a little better. It is a little better in a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little better. It is a little better in a little be | F 5 | 580 | | | |

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| F 580 | uncomfortable, but Tylenol. Granddaug time telling people of does state at times Some anxiety noted would like res tested pneumonia and positis stable, informed Covid test results. And pass on to St L [follow up]." The modocumentation of a updated of the loos and R1's responsibilitested further related experiencing. In ad lacked evidence of being updated to formal tested further related experiencing. In ad lacked evidence of being updated to formal tested further related experiencing. In ad lacked evidence of being updated to formal tested further related experiencing. In ad lacked evidence of being updated to formal further tested further related experiencing. In ad lacked evidence of being updated to formal further tested experiencing. In additional tested experiencing the subject of lacked evidence of being updated to formal tested experiencing. In additional tested experiencing the subject of lacked evidence of being updated to formal tested experiencing the subject of lacked experiencing the subject of lacked evidence of being updated to formal tested experiencing. | inge 8 is stated his shoulder was not that bad. Gave PRN ighter stated res has a hard of how much pain he is in. Res he has a hard time breathing. It with resident. Granddaughter id further for bacterial is sible bowel obstruction. Res igranddaughter we are waiting Will update RN case manager tukes Community Care for f/u in it was in the image of the issues R1 was in it was in the image of the issues R1 was in it was in the image of the issues R1 was in it was in the image of the issues R1 was in it was in the image of the issues R1 was in it was in the image of the interest in the image of the i | F 5 | 30 | | |

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| | | 245236 | B. WING | | | | C 08/2022 |
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| F 580 | oxygen of 6 L via N remains afebrile. Do shoulder/clavicle ar pain effectively mar Gabapentin and PF comfortably in reclin noted lacked evider being updated of strinsulin at 4:30 p.m. together with schedinsulin) and R1's coshort of breath" plusures of breath p | C. No cough noted. Resident enied chest pain. Left and left lower extremity/stump naged with scheduled RN Tylenol. Resident resting ner at this time." The medical nee of the provider/physician aff holding the scheduled then administering it at HS uled Lantus (long acting entinued report of feeling "too is the diminished lung sounds." 2/21/20, at 3:37 a.m. indicated the resident's O2 dropped in 6 L free airflow. O2 sat went nelp of deep breathing. O2 sat and down through the night till ap sat above 88, stayed 74." If St Lukes Community Care everbal order to send R1 to ER). Nurse at ER was updated lition. Family member was int consent to going to ER. The need documentation of the peing notified timely when the evels were dropping between ing at midnight so the ke the decision to continue at facility or send R1 to the waited until 3:00 a.m. which and although R1's oxygen inck to 90% with deep gen level continued to go up the night. In addition, the led documentation of what the through out the time frame I stayed at 74% upon which son-call physician who gave | F | 680 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTI A. BUILDIN | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | |
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| | | 245236 | B. WING _ | | 03 | C / 08/2022 |
| | PROVIDER OR SUPPLIER | ER | | STREET ADDRESS, CITY, STATE, ZIP 935 KENWOOD AVENUE DULUTH, MN 55811 | | |
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| F 580 | order to send R1 to R1's temperature a prior to transferring During review of th following was revea-12/18/20, order for 88-92%. Documen-12/18/20, check to (BP), pulse, respiral Special Instructions 100 to registered in During review of the Progress Note date R1's admitting diagexacerbation, congexacerbation, acute carbon dioxide level and chronic diastol acute respiratory faindicated a CT scan completed with the ground glass [finding tomography) scan air spaces in the lustopacities were seen hemithoraces likely edema versus multipasilar effusions are addition, the note in showing acute respiratory faindicated gas (ABG-tecarbon dioxide level dioxide level of 82 mmHg); WBC 13.5 K/ul) and due to R1 distress R1 was stated a cross of the second control of the R1 distress R1 was stated a cross of the R1 distr | b ER. The note also lacked at the time of the assessment at the time of the assessment at the time of the assessment at the time orders the aled: The O2 to keep sats between at liter flow every shift. The properature, blood pressure attions and O2 sats once daily. The Export Temperature over urse [RN]." The hospital Internal Med and 12/23/20, the note indicated anoses included COPD | F 58 | 0 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1 | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL [*] A. BUILDI | TIPLE CONSTRUCTION ING | | (X3) DATE SURVEY COMPLETED | |
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| | PROVIDER OR SUPPLIER | ER | | STREET ADDRESS, CITY, STATE, ZIF 935 KENWOOD AVENUE DULUTH, MN 55811 | | | |
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| F 580 | chronic conditions to Solumedrol (used to inflammatory conditions and two antibiotics.) During interview on clinical coordinator from the hospital are and did not feel it whospital. RN-A state the other nurse to norders he needed to after going through x-ray was inconclust to the provider and party. RN-A then stamedical record and remember R1 had the result ended up after she had receive and the labs she had progress note and about R1 along the managed. When as document which prestated it would have RN-A also stated she communicated with on the cart or would hour board. RN-A sif a resident oxygen needed to be bump condition, or a significance when I was working who was supported to the service when I was working the service of the service when I was working the service of the service when I was working the service of the service when I was working the service of | hat affect your breathing), or treat many different tions including exacerbations) Azithromycin and Rocephin). 3/7/22, at 12:39 p.m. RN-A stated she recalled R1 coming and seemed medically complex has a safe discharge from the field she had tried to work with make sure R1 got all the field good care. RN-A stated her documentation, the chest had updated the responsible from the little she could be provided the results for the x-ray and documented them in the she had contacted the provider way as she wanted R1 to be sked where she would ovider she had contacted she is been the resident notes. | F 5 | 80 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | PROVIDER OR SUPPLIEF CTINE HEALTH CEN | | | STREET ADDRESS, CITY, STATE, ZIP COD 935 KENWOOD AVENUE DULUTH, MN 55811 | Ξ | | |
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| F 580 | Continued From p | _ | F 5 | 580 | | | |
| | practical nurse (LF progress note for 12/20/20, at 1:56 pon 6 liters of oxygocomplain of being during both times had found R1 was was what R1 had her recollection, R of things wrong." Vand who she had R1's responsible party was insisting about questioned if R1 halso stated she hapassed the responsible party was insisting about questioned if R1 halso stated she hapassed the responsible party would have documentated ab concerns, LPN-As the on-call, put a "Assessment and F provider binder for the building next of acknowledged the documentation of responsible party for treatment. LPN the weekend and not in the building | n 3/7/22, at 1:34 p.m. licensed PN)-A reviewed both her 12/19/20 at 3:04 p.m. and o.m. and verified R1 had been en and had still continued to short of breath. LPN-A stated she had worked with R1, she on 6 liters of oxygen and that for the shift. LPN-A stated from 1 "was very sick and had a lot When asked about the charting spoken to or updated regarding party concerns on 12/20/20, at so note, LPN-A stated after the had spoken to R1's because the responsible party at the loose stools and had and a bowel obstruction. LPN-A and assessed R1, and had nasible party concern to the RN B. When asked where she mented who she had out R1's responsible party stated she would have called SBAR" Situation, Background, Recommendation note in the or the provider to review when in or could have done both. LPN-A medical record lacked ther following up with the concerns to review the course I-A further acknowledged it was since the nurse manager was she could have sent an e-mail. | | | | | |
| | seen R1 as the re | sident was admitted on as a Thursday and R1 was sent | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL [*] A. BUILD | TIPLE CONSTRUCTION ING | CON | (X3) DATE SURVEY COMPLETED | |
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| F 580 | to the hospital 12/2 first visit with R1. T for 12/18/20, and a elevated WBC cou 12/18/20, results w and the Neutrophils conclusion if R1 ha someone had to lot to compare the trenthe nursing note about the facility nurse we the facility nurse we those hours. The N have any documen regarding the nurse the chest x-ray. The lab results dated 12 had within normal N which was different The NP reviewed the stated according to to have gotten wors 12/18/20, and was compared to the honurses were supported to the honurses were supp | age 13 1/20, before he could do the he NP reviewed the lab result cknowledged R1 had an int. NP stated although the ere elevated for WBC count is, it was hard to draw a down infection because obtain the previous labs results inds. The NP stated going by rout the provider being updated in 12/18/20, it appeared at 5:22 is been off work that time and bould have called the on-call at index previous labs results and in the provider being updated in 12/18/20, it appeared at 5:22 is been off work that time and bould have called the on-call at index previous previous R1 or expense of the lab results and it is income the labs on 12/18/20. The staff nursing notes and the notes, R1 had appeared is as the night went on from going a different direction in pospital labs. When asked if the sed to call the on-call about the results and the lung sounds, the NP indicated the lab results. The indicate and the lab results. The was on 2 liters of oxygen and continued to need more, to run the oxygen flow rate at the should have known to call the lange of condition when they oxygen to over 4 liters. "The sing judgement we are only as income in the lange of condition when they oxygen to over 4 liters." The sing judgement we are only as | F 5 | 580 | | | |

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| | PROVIDER OR SUPPLIER | TER | | STREET ADDRESS, CITY, STATE, ZIP CO 935 KENWOOD AVENUE DULUTH, MN 55811 | | · • • • • • • • • • • • • • • • • • • • | |
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| F 580 | good as our notes. have felt he was not tip when someone When asked about result was: "Periph lungs are concernity process such as C stated it was hard to what atypical mear have to be asked on the way. The NP state in simple terms "way pneumonia, they do more of a fog like liknow with atypical fluid lines so I think difficult to be able to pneumonia. It's hard the rounding Note in the lab results and CBC and BMP on looth seen by RN-A was "very sick" who facility. The interim medical record lack nurses notifying the the weekend when temperatures, insuresponsible party in the condition and the collevels leading up to the interim DON significant to the day. Mysterial was the condition of the day. | Someone's judgement must of deteriorating. When did he should have been notified." It the chest x-ray indicating the eral airspace opacities in bothing for atypical infectious OVID-19 pneumonia" the NP to answer the question about in because this question would of the person who read the ed atypical infectious process build be like walking id not say consolidation it's like took mycoplasma. It's hard to because it was not showing that's the challenge. It will be to tell from the x-ray if it's viral red to put judgement into this." In 3/7/20, at 3:37 p.m. the hursing (DON) stated the chest 12/18/20, were faxed to the NP IP had also been updated of had given orders to re-check Monday 12/21/20, which were at The interim DON stated R1 en he was admitted to the DON acknowledged the ked documentation of the provider/physician through | F 5 | 30 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | L DENTIFICATION NUMBER: | | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
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| | | 245236 | B. WING _ | | 03 | C / 08/2022 | |
| | PROVIDER OR SUPPLIER | ER | | STREET ADDRESS, CITY, STATE, ZIP 935 KENWOOD AVENUE DULUTH, MN 55811 | | | |
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| F 580 | they were not givin the notes." The intenurses had opported between the course resident required the standing house temperature and standing house temperature and standing interview or asked about her dediminished lung so reviewed the chest had been faxed to nothing had change admission. RN-B sintolerance to lying stated to her R1 loc compared to when because at admission and I felt we needed we had been keep with the labs and x there during the nig judge what he was shift, when we notion baseline we follow treatment orders at a change in condition RN-B also stated, questioning the treatment orders at a change in condition as sees sment coordinator, she is contact with the prower would e-mail the St Luke's Communicall and tell there find out what they was shift out was shift out what they was shift out when the course out when the course out when the course out when the course out when the can shift out when the course out when the course out when the | age 15 g him his insulin and this is in erim DON acknowledged the unities to notify the physician e of the 3 days when the he increased oxygen level, as a was 1-4 liters, when R1 had a tated that was the reason why er working at the facility. a 3/7/22, at 5:28 p.m. when becumentation regarding R1's unds, RN-B stated she had x-ray and the lab results which SLCC and in her opinion ed with R1's lung sounds from tated R1 continued to have the in bed from admit. RN-B oked like he had improved he had admitted to the facility ion time "he was compensated to keep a close eye on him ing the primary informed I felting the primary informed I felting the primary informed I felting being done. I was not ght shift when he was sent in to like. RN-B stated, "During my be people are not at their the care plan and the ind if we feel a resident has had on we would notify the doctor." If family came back and was atment plan, basically I would and update the RN right there able to be in ovider and would update them. The care coordinator and update the ity Care on the weekends in what is going on and would want us to do." RN-B then nurses to do a SBAR | F 58 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | PROVIDER OR SUPPLIER | ER | STREET ADDRESS, CITY, STATE, ZIP CODE 935 KENWOOD AVENUE DULUTH, MN 55811 | | | 700,2022 | |
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| F 580 | [Situation- Backgro Recommendation] urgent they need to a SBAR to the provide as orders and other there is no regulation document the order nurses are suppose going on with the reRN-B reviewed R1' sent to the hospital no documentation of was before the nurse ordered R1 to be set to the hospital no documentation of was before the nurse ordered R1 to be set to the hospital no documentation of was before the nurse ordered R1 to be set to the hospital no documentation of was before the nurse ordered R1 to be set to the hospital no documentation of was before the nurse ordered R1 to be set to the nurse ordered R1 to be set to the lungs are concepted as the lungs are concepted the labs and the result of the labs and the result of the labs and the rother ordered the labs to "I would say some or practitioner or some in on it given the fatthe sats going down | und -Assessment - and tell them if something is o call the on-call or you can fax rider during the business d where the SBARs lents were kept, RN-B stated ers will sign off on the SBARs rs will write it in the orders as on of where really they can rs. RN-B further stated, "The ed to write notes of what is esidents during their shifts." s notes leading up to being and acknowledged there was of what the resident condition se notified the physician who | F 5 | 80 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | IPLE CONSTRUCTION NG | | TE SURVEY MPLETED C |
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| | | 245236 | B. WING _ | | 03 | 3/08/2022 |
| | PROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, ZIP CODE 935 KENWOOD AVENUE DULUTH, MN 55811 | | | |
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| F 580 | temperature. The ron call to see if the of treatment." The just a lot of things including the medic weekend which sh should have called. The facility undated directed the following "Purpose: To provious on the current redirection of the atteresident/resident reprovider when a sign condition occurs. Policy: When a sign resident's physical is identified by the is need to alter treaticensed nursing as attending provider representative. Procedure Licensed nursing as attending provider representative. Procedure Licensed nursing as attending provider representative. Procedure Licensed nursing as attending provider representative. Assess significate condition noted the interview or report 2. Obtain a set of an eeded or ordered 3. Open Matrix Evereview and assess 4. Notify the attendicondition and impless appropriate monitors. | nurses are to notify the provider by the was need to alter the course MD further stated there was which made the issue complex cal history and being the ould not be an excuse. "They the on-call." If Change in Condition policy the care and services based eeds of the resident under the ending provider. To inform expresentative and attending gnificant change in resident Inificant change in the mental, or psychosocial status licensed nurse, or when there atment significantly, the associate consults with the and notify the resident/resident In change in the resident/resident essociate: In change in the resident/resident entered and notify the resident entered associate: In the conduct a symptom ment, as condition warrants. It is grovider of the change in the ement orders for treatment and oring as directed. If unable to an, contact the Medical | F 58 | 30 | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ′ | TIPLE CONSTRUCTION | CON | (X3) DATE SURVEY COMPLETED | |
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| F 580 | (interdisciplinary) te 6. Notify the resider 7. Document symptobservations, resident and medical provides. Monitor and provides attending provides. | priate members of the IDT parm. nt/resident representative. tom(s), assessment, ent/resident representative, er notification. | F 5 | 080 | | |



Electronically delivered March 25, 2022

Administrator Benedictine Health Center 935 Kenwood Avenue Duluth, MN 55811

Re: State Nursing Home Licensing Orders

Event ID: 5INK11

Dear Administrator:

The above facility was surveyed on March 7, 2022 through March 8, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at 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.

Benedictine Health Center March 25, 2022 Page 2

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:

Susie Haben, Rapid Response Licensing and Certification Program Health Regulation Division Minnesota Department of Health Midtown Square 3333 Division Street, Suite 212 Saint Cloud, Minnesota 56301-4557

Email: susie.haben@state.mn.us

Office: (320) 223-7356 Mobile: (651) 230-2334

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

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

Please feel free to call me with any questions. 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

cc: Licensing and Certification File

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING: | (X3) DATE SURVEY COMPLETED | | | |
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| | | 00861 | B. WING | | 03/08/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | | |
| BENEDIC | CTINE HEALTH CENT | FR | VOOD AVEN MN 55811 | UE | | |
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| 2 000 | Initial Comments | | 2 000 | | | |
| | *****ATTE | NTION***** | | | | |
| | NH LICENSING | CORRECTION ORDER | | | | |
| | 144A.10, this correct pursuant to a surve found that the defic herein are not corrected shall | Minnesota Statute, section order has been issued y. If, upon reinspection, it is iency or deficiencies cited octed, a fine for each violation oe assessed in accordance ines promulgated by rule of artment of Health. | | | | |
| | corrected requires of requirements of the number and MN Ru When a rule contain comply with any of lack of compliance. re-inspection with a result in the assess | nether a violation has been compliance with all rule provided at the tag le number indicated below. It is several items, failure to the items will be considered Lack of compliance upon ny item of multi-part rule will ment of a fine even if the item uring the initial inspection was | | | | |
| | that may result from orders provided tha the Department witl | hearing on any assessments n non-compliance with these t a written request is made to nin 15 days of receipt of a nt for non-compliance. | | | | |
| | by surveyors from the Health (MDH). Your compliance with the indicate in your electrons to the surveyors from the the the the surveyors from the | | | *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota State section 144A.10, this correction order. | | |

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

TITLE

(X6) DATE

Electronically Signed

04/04/22

| STATEMEN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , , | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 00861 | B. WING | | 03/08/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | | |
| DENEDI | PENEDICTINE HEALTH CENTER 935 KEI | | | UE | | |
| BENEDICTINE HEALTH CENTER DULUTH | | | MN 55811 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY) | D BE COMPLETE | |
| 2 000 | Continued From pa | ge 1 | 2 000 | | | |
| | when they will be control of the surveyor 's find Method of Correction | ompleted. laint was found to be H5236085C (MN81298), with | | been issued pursuant to a survey. reinspection, it is found that the de or deficiencies cited herein are not corrected, a fine for each violation corrected shall be assessed in accordance with a schedule of fine promulgated by rule of the Minnes Department of Health. Determination of whether a violatic been corrected requires compliant all requirements of the rule provide tag number and MN Rule number indicated below. When a rule conseveral items, failure to comply with eitems will be considered lack compliance. Lack of compliance or re-inspection with any item of multirule will result in the assessment of even if the item that was violated of the initial inspection was corrected. | eficiency t not es cota on has ce with ed at the tains th any of upon ti-part of a fine during | |
| | receipt of State lice the Minnesota Department on/infobulletins/ib14 orders are delineate Department of Hea you electronically, is necessary for State enter the word "CO available for text. You electronic State lice heading completion be corrected prior to the Minnesota Department of POC | participate in the electronic nsure orders consistent with artment of Health in 14-01, available at a state.mn.us/facilities/regulati 4_1.html> The State licensing ed on the attached Minnesota lith orders being submitted to Although no plan of correction ate Statutes/Rules, please RRECTED" in the box ou must then indicate in the ensure process, under the date, the date your orders will be electronically submitting to artment of Health. The facility and therefore a signature is pottom of the first page of | | You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is rethe Department within 15 days of of a notice of assessment for non-compliance. INITIAL COMMENTS: | made to | |

| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | | | SURVEY |
|--------------------------|---|--|---|---|--------|--------------------------|
| | | 00861 | B. WING | | | C 0 8/2022 |
| | PROVIDER OR SUPPLIER | FR 935 KENV | DRESS, CITY, S VOOD AVEN MN 55811 | STATE, ZIP CODE UE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETE DATE |
| 2 000 | FOURTH COLUMN "PROVIDER'S PLA APPLIES TO FEDE | RD THE HEADING OF THE | 2 000 | | | |
| 2 265 | A nursing home mupolicies to guide staphysicians, physicia practitioners, and if legal representative member of a reside accident, or death. nursing services, ar attending physician development of the have criteria which appropriate notifica. A. an accident results in injury and physician intervention. B. a significant physician, mental, o example, a deterior psychosocial status conditions or clinical. C. a need to altexample, a need to | ast develop and implement off decisions to consult on assistants, and nurse known, notify the resident's or an interested family ent's acute illness, serious. At a minimum, the director of and the medical director or an must be involved in the se policies. The policies must address at least the tion times for: involving the resident which has the potential for requiring on; change in the resident's resychosocial status, for ation in health, mental, or in either life-threatening all complications; ter treatment significantly, for discontinue an existing form adverse consequences, or to | 2 265 | | | 4/4/22 |

Minnesota Department of Health

STATE FORM 5899 5INK11 If continuation sheet 3 of 20

| | NT OF DEFICIENCIES | | (V2) MI II TIDI | E CONSTRUCTION | (X3) DATE | CLID\/EV |
|---------------------------|--|---|---------------------|---|-----------|--------------------------|
| | OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | LE CONSTRUCTION | | LETED |
| | | | A. BOILDING. | | | |
| | | 00964 | B WING | | 02/0 | |
| | | 00861 | | | 03/0 | 8/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| BENEDICTINE HEALTH CENTER | | VOOD AVEN | UE | | | |
| DULUTH, | | MN 55811 | | | , | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY) | D BE | (X5) COMPLETE DATE |
| 2 265 | Continued From pa | ge 3 | 2 265 | | | |
| | D. a decision t | o transfer or discharge the | | | | |
| | resident from the nu | ursing home; or | | | | |
| | E. expected an | d unexpected resident deaths. | | | | |
| | | • | | | | |
| | This MN Requireme | ent is not met as evidenced | | | | |
| | by: Based on interview and document review, the | | | | | |
| | | | | Corrected. | | |
| | facility failed to ensure a resident's medical provider was notified in a timely manner of a | | | | | |
| | | for 1 of 1 resident (R1) | | | | |
| | | in vital signs, poor appetitie, | | | | |
| | | deterioraring respiratory | | | | |
| | | failure resulted in actual treatment was delayed | | | | |
| | | increase in oxygen from 2 | | | | |
| | liters (L) to 6 L since | e hospital discharge and an | | | | |
| | | re of 100.5 degrees. R1 | | | | |
| | | ition related to a low oxygen 64% even with the use of 6 L of | | | | |
| | oxygen. | 74 70 EVEIT WITH THE USE OF O L OF | | | | |
| | Findings include: | | | | | |
| | Findings include. | | | | | |
| | | ained from the hospital | | | | |
| | | y dated 12/17/20, included: | | | | |
| | | ied part of left clavicle, primary nter for fracture with routine | | | | |
| | | structive pulmonary disease, | | | | |
| | | and chronic kidney disease | | | | |
| | | ronic diastolic (congestive) | | | | |
| | heart failure, chroni | c atrial fibrillation, it and mobility and weakness. | | | | |
| | abilioi mailues oi ga | it and mobility and weakness. | | | | |
| | | se's notes revealed the | | | | |
| | following: | atod 12/17/20 at 0:40 a m | | | | |
| | | ated 12/17/20, at 9:40 p.m. dmitted to the facility for | | | | |
| | | he hospital where he had | | | | |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|-----------------------|--|-------|--------------------------|
| | | | A. BUILDING: | | | |
| | | 00861 | B. WING | | 03/0 | 8/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | | |
| BENEDI | CTINE HEALTH CENT | FR | VOOD AVEN MN 55811 | UE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETE DATE |
| 2 265 | been treated for galeft clavicle fracturer reporting he "felt a wheelchair and had shoulder/clavicle palert and orientated loss/forgetfulness. lung sounds were shilateral bases and right lower lobe. R1 minimal exertion, wheel, and had report even with head of the Further the note indepreferred to sit/slee wore continuous on cannula. The reside identified as 92%. -Progress Note data indicated R1 had a (morning) with reside oxygen levels droppoxygen, with respirators also indicated "mild" congestion the and was complaining at rest in wheelchair more fatigued and yesterday. Resident told therapy he was breathe (SOB) at note indicated (SLCC) was update check labs which in (CBC) with different indicated (SLCC) with different indicated indicated (SLCC) with different indicated (SLCC) with different indicated indicated indicated (SLCC) with different indicated | strointestinal (GI) bleeding and secondary to resident pop" while transferring into his | 2 265 | | | |

Minnesota Department of Health

STATE FORM 5899 5INK11 If continuation sheet 5 of 20

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|-----------------------|--|--------|--------------------------|
| | | | A. BUILDING. | | С | |
| | | 00861 | B. WING | | |)8/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| BENEDI | CTINE HEALTH CENT | FR | VOOD AVEN MN 55811 | UE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | ILD BE | (X5) COMPLETE DATE |
| 2 265 | substances in your peptide (BNP- bloothe BNP hormone indicate heart failur obtained every more orders changed to between 88-92%, of further indicated Raffrom 2 LPM to 5 LF saturations up to 88 documentation/ordebeing bumped abountres practitioner. -Progress Note datindicated, "Chest X following impression opacities in both luninfectious process apneumonia. The heavascularity appear hemidiaphragm rerview is nondiagnos Lab results still pennurse manager upoin resident's chart." -Progress Note datindicated labs had were elevated (high normal levels (0.0-(C02) 38 with normal glucose 112 (60-99 27 (a test that reveworking with normal 12.3 (a blood test to white blood cells in infections with norm Neutrophils 8.95 (a | blood), B-type natriuretic d test measures the levels of n your blood which can e), daily weights are to be rning, chest x-ray and oxygen state "maintain oxygen [02] document liter flow." The note 1's oxygen had been increased PM to get the oxygen 8-89%. There was no er for the oxygen liter flow we 4 liters according to the ed 12/18/20, at 1:52 p.m. fray came back with the en: Peripheral airspace ngs are concerning for atypical such as COVID-19 eart size and pulmonary | 2 265 | | | |

Minnesota Department of Health

STATE FORM 5899 5INK11 If continuation sheet 6 of 20

Minnesota Department of Health

| F CORRECTION | IDENTIFICATION NUMBER: | | E CONSTRUCTION | COMP | LETED | |
|--|---|----------------------------|--|---|---|--|
| | | | A. BUILDING: | | COMPLETED | |
| | | | | c | ; | |
| | 00861 | B. WING | | 1 | 8/2022 | |
| ROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | | | |
| TIME HEALTH CENT | 935 KENV | VOOD AVEN | UE | | | |
| IINE HEALIH CENTI | DULUTH, | MN 55811 | | | | |
| (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL | D BE | (X5) COMPLETE DATE | |
| Continued From pag | ge 6 | 2 265 | | | | |
| Having a high perceptood is a sign that a infection with normal noted further indicated was updated, a copresident's chart, the (NP) was updated, a BMP to be rechecked During further review was revealed the moreounding NP was with repeat the labs on 1 record of the order a corder written in R1's re-checking the labs record lacked document of the count at 12.3 with and Neutrophil's 8.9 despite this being at the day prior, 12/17, WBC and 6.1 Neutropological Neutrophil's 8.9 with a color of the day prior, 12/17, WBC and 6.1 Neutropological neutrophil's 8.9 with a color of the day prior, 12/17, wbbC and 6.1 Neutropological neutrophility and Neutrophil's 8.9 wbbC and 6.1 Neutrophil's 8.9 wbbC | entage of neutrophils in the a person's body has an al levels 1.56-6.13 K/uL). The ted Family member (FM)-A by of results were placed in rounding nurse practitioner and an order for CBC and ed on Monday was obtained. W of R1's medical record it edical record lacked who the ho provided the orders to 2/21/20. There was also no as a telephone order or verbals medical record for s. In addition, the medical mentation from the rounding y other treatments were not having elevated white blood ith normal levels (3.8-10.6) bromal compared to the last to discharge from the hospital /20, when results of 9.4 for rophil's (both normal lab | | | | | |
| Indicated "Resident use call light and veno complaints of particles of increased SOB woxygen saturation was situated into his deep breathes through turned up to 6 L and deep breaths, reside L. Resident's blood | is alert and orientated, can inhalize needs. Resident had in. Resident had complaints when getting ready for bed, was at 87% on 5 L, Resident is recliner and told to take augh his nose, oxygen was in nurse observed him taking ent is now sating at 92% on 6 sugars were 169 and 110." | | | | | |
| The Charles of the Control of the Co | SUMMARY STAY (EACH DEFICIENCY REGULATORY OR LS) Continued From particular and the stay of | INF HEALTH CENTER 935 KENV | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 Having a high percentage of neutrophils in the blood is a sign that a person's body has an infection with normal levels 1.56-6.13 K/uL). The noted further indicated Family member (FM)-A was updated, a copy of results were placed in esident's chart, the rounding nurse practitioner NP) was updated, and an order for CBC and BMP to be rechecked on Monday was obtained. During further review of R1's medical record it was revealed the medical record lacked who the ounding NP was who provided the orders to epeat the labs on 12/21/20. There was also no ecord of the order as a telephone order or verbal order written in R1's medical record for e-checking the labs. In addition, the medical ecord lacked documentation from the rounding obysician/NP of why other treatments were not nitiated despite R1 having elevated white blood cell count at 12.3 with normal levels (3.8-10.6) and Neutrophil's 8.95 with normal levels (1.8-7.8) despite this being abnormal compared to the last abs obtained prior to discharge from the hospital he day prior, 12/17/20, when results of 9.4 for NBC and 6.1 Neutrophil's (both normal lab values) were identified. Progress Note dated 12/18/20, at 9:59 p.m. ndicated "Resident is alert and orientated, can use call light and verbalize needs. Resident had no complaints of pain. Resident had complaints of pin. Resident had complaint | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 daving a high percentage of neutrophils in the slood is a sign that a person's body has an infection with normal levels 1.56-6.13 K/ul_). The noted further indicated Family member (FM)-A was updated, a copy of results were placed in esiden's chart, the rounding nurse practitioner NP) was updated, and an order for CBC and BMP to be rechecked on Monday was obtained. During further review of R1's medical record it was revealed the medical record lacked who the ounding NP was who provided the orders to epeat the labs on 12/21/20. There was also no ecord of the order as a telephone order or verbal order written in R1's medical record for e-checking the labs. In addition, the medical ecord lacked documentation from the rounding shysician/NP of why other treatments were not intitated despite R1 having elevated white blood bell count at 12.3 with normal levels (3.8-10.6) and Neutrophil's 8.95 with normal levels (3.8-7.8) telespite this being abnormal compared to the last abs obtained prior to discharge from the hospital he day prior, 12/17/20, when results of 9.4 for NRBC and 6.1 Neutrophil's (both normal lab values) were identified. Progress Note dated 12/18/20, at 9:59 p.m. ndicated "Resident is alert and orientated, can use call light and verbalize needs. Resident had no complaints of pain. Resident had complaints of pain. Resident so now sating at 92% on 6 Resident's blood sugars were 169 and 110." | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DONITIONED THE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) Donitinued From page 6 Adving a high percentage of neutrophils in the blood is a sign that a person's body has an infection with normal levels 1,56-6,13 K/L/L). The hotted further indicated Family member (FM)-A was updated, a copy of results were placed in esident's chart, the rounding nurse practitioner NP) was updated, and an order for CBC and 3MP to be rechecked on Monday was obtained. During further review of R1's medical record it was revealed the medical record acked who the ounding NP was who provided the orders to epeat the labs on 12/21/20. There was also no ecord of the order as a telephone order or verbal order written in R1's medical record for e-checking the labs. In addition, the medical ecord lacked documentation from the rounding hylysician/NP of why other treatments were not initiated despite R1 having elevated white blood bell count at 12.3 with normal levels (1.8-7.8) lespite this being abnormal compared to the last abs obtained prior to discharge from the hospital he day prior, 12/17/20, when results of 9.4 for MBC and 6.1 Neutrophil's (both normal lab ralues) were identified. Progress Note dated 12/18/20, at 9:59 p.m. ndicated "Resident is alert and orientated, can use call light and verbalize needs. Resident had complaints of pain. Resident had complaints of pain. Resident had complaints of pain. Resident had complaints of the last than the patch of the last was situated into his recliner and told to take leep breathes through his nose, oxygen was urned up to 6 L and nurse observed him taking leep breaths, resident is now sating at 92% on 6 Resident's blood sugars were 169 and 110.* | |

Minnesota Department of Health

| | PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | E CONSTRUCTION | (X3) DATE | SURVEY LETED |
|---|---|---------------------|---|-----------|--------------------------|
| AND PLAN OF CONNECTION | IDENTIFICATION NOMBER. | A. BUILDING: | | | |
| | 00861 | B. WING | | 03/0 | ; 8/2022 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, S | TATE, ZIP CODE | | |
| BENEDICTINE HEALTH CENTER | 935 KENV | VOOD AVEN | JE . | | |
| BENEDICTINE HEAETH CENTER | DULUTH, | MN 55811 | | | |
| | NT OF DEFICIENCIES T BE PRECEDED BY FULL ENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| 2 265 Continued From page 7 | Continued From page 7 | | | | |
| indicated "Resident is all uses call light appropriat of SOB, oxygen on at 6 91%, sitting in recliner at resident to breath. Resident to breath. Resident to breath. Resident had che awaiting results. COVID results." The progress rephysician/provider had be elevated temperature as following the abnormal x pending labs on 12/21/2 -New Admit Note dated indicated "Resident ate pinsulin due to BS [blood poor appetite. Res refus about 1/3 of lunch. BS we lunch, res still did not wanotified. Res sats were in flow O2. Some SOB not when lying in bed to chastolerate this, was put bas sitting upright all shift. Sidown by talking him thruse exercises. Afebrile for dates dressing change. Small removed dressing. Wrap after dressing change ar lower extremity. Lung so [diminished] with some we lobes." The note lacked physician/provider had be | L, oxygen saturation at s it is easier to for dent had temp of 100.3 esidents bedtime [HS], had HS est x-ray done today, still swab done, still awaiting ote lacked evidence the een contacted about the sthis was the first time eray and chest x-ray with 0. 12/19/20, at 3:04 p.m. poorly this day shift. Held suger] only 74 in am and ed noon insulin. Ate only was 282 before ant the insulin. Next nurse in the low 90's on 6 L high ed at times, especially nge. Res could not ck in reclining chair, but taff able to calm res SOB in deep slow breathing ay shift. Tolerated yellowing drainage on oped right lower extremity and wrapped Kerlix on left bunds [LS] are dim wheezing noted in upper evidence the even updated on staff dered, poor appetite and g in upper lobes." | | | | |

Minnesota Department of Health

STATE FORM 5899 5INK11 If continuation sheet 8 of 20

| iviinnesc | <u>ita Department of He</u> | ealth | | | | |
|---------------|---|---|----------------|--|-------------|------------------|
| | IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPL | E CONSTRUCTION | (X3) DATE | |
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED | |
| | | | 1 | | _ | <u> </u> |
| | | | B. WING | | | |
| | | 00861 | D. WING | | 03/0 | 8/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| | | | VOOD AVEN | | | |
| BENEDI | CTINE HEALTH CENT | FR | | OE . | | |
| | | DULUTH, | MN 55811 | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | | (X5) |
| PRÉFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO | | COMPLETE DATE |
| IAG | REGOLATOR OR E | OCIDENTIA TINO INI ONIVITATONI | IAG | DEFICIENCY) | 1 1 (/ () L | |
| | | | | | | |
| 2 265 | Continued From pa | ige 8 | 2 265 | | | |
| | romain diminished | in bilateral bases. He has | | | | |
| | | with minimal exertion and is | | | | |
| | | | | | | |
| | | ving in bed, as he reports he | | | | |
| | | eatheven with head of bed | | | | |
| | | s. He prefers to sit/sleep in | | | | |
| | | its are 92% on 6 L via NC | | | | |
| | | cough noted. Resident | | | | |
| | | enied chest pain. Left | | | | |
| | | nd left lower extremity/stump | | | | |
| | | naged with scheduled | | | | |
| | Gabapentin and prn [as needed] Tylenol. | | | | | |
| | | mfortably in recliner at this | | | | |
| | time." | | | | | |
| | | | | | | |
| | -Admission Note da | ated 12/20/20, at 3:10 a.m. | | | | |
| | indicated "Resident | able to make needs known, | | | | |
| | uses call light appro | opriately. Resident complains | | | | |
| | of SOB, on 6 L oxyg | gen, sitting in recliner due to | | | | |
| | [d/t] easier to breatl | h sitting up. Temp | | | | |
| | | 5. Resident wanted blood | | | | |
| | | d d/t feeling low, blood sugars | | | | |
| | | .m.] with snack given after | | | | |
| | | ed at 0245 [2:45 a.m.]with | | | | |
| | | [2:34 a.m.], feels a little better. | | | | |
| | | d] medication given. No | | | | |
| | | ions given. Resident remains | | | | |
| | | utions awaiting Covid testing | | | | |
| | | lacked evidence of the | | | | |
| | | being updated of the continued | | | | |
| | | temperature. In addition, the | | | | |
| | | e the oxygen saturation level | | | | |
| | R1 was at with the | , , | | | | |
| | i i i was at willi lile | o mera or oxygen. | | | | |
| | New Admit Note de | ated 12/20/20, at 1:56 p.m. | | | | |
| | | | | | | |
| | | 3 [short of breath]at times. | | | | |
| | | range on 6 L of O2 [oxygen]. | | | | |
| | | insulin held. Granddaughter | | | | |
| | | nd stated res has had some | | | | |
| | | l obstructions. Res had 2 | | | | |
| | loose large stools th | his shift. Granddaughter | | | | |

STATE FORM 6899 If continuation sheet 9 of 20 5INK11

| Minnesota Department of Health | | | | | | |
|--------------------------------|----------------------|--|----------------|---|-----------|------------------|
| | IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPL | E CONSTRUCTION | (X3) DATE | |
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED | |
| | | | | | | |
| | | 00861 | B. WING | | 1 | |
| | | 00061 | | | 03/0 | 8/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| | | 935 KENV | VOOD AVEN | IIE | | |
| BENEDI | CTINE HEALTH CENT | FR | MN 55811 | - | | |
| | | <u>_</u> | 10114 33011 | | | |
| (X4) ID | - | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL | | (X5) COMPLETE |
| PREFIX TAG | | SC IDENTIFYING INFORMATION) | PREFIX TAG | CROSS-REFERENCED TO THE APPRO | | DATE |
| 1710 | | , | 1710 | DEFICIENCY) | | |
| | | _ | | | | |
| 2 265 | Continued From pa | ge 9 | 2 265 | | | |
| | incisted loose stool | could mean an obstruction for | | | | |
| | | n] non-tender, hard. BS [bowel | | | | |
| | | Res was asked about | | | | |
| | | | | | | |
| | | s stated his shoulder was | | | | |
| | T | not that bad. Gave PRN | | | | |
| | | hter stated res has a hard | | | | |
| | | of how much pain he is in. Res | | | | |
| | | he has a hard time breathing. | | | | |
| | | d with resident. Granddaughter | | | | |
| | | d further for bacterial | | | | |
| | | ssible bowel obstruction. Res | | | | |
| | | granddaughter we are waiting | | | | |
| | | Will update RN case manager | | | | |
| | | ukes Community Care for f/u | | | | |
| | | edical record lacked | | | | |
| | | physician/provider being | | | | |
| | | e stools, insulin being held | | | | |
| | | le party requesting R1 to be | | | | |
| | | ed to the issues R1 was | | | | |
| | | dition, the medical record | | | | |
| | | the nurse manager and SLCC | | | | |
| | being updated to fo | llow up on the concerns. | | | | |
| | | | | | | |
| | | re Note dated 12/20/20, at | | | | |
| | • | d "Resident is a diabetic and | | | | |
| | his blood sugars thi | is shift were 265 prior to | | | | |
| | dinner. Resident at | e less than 25% of dinner, | | | | |
| | stating he had no a | ppetite. Writer held scheduled | | | | |
| | 45 units of Novolog | secondary to poor intake. At | | | | |
| | HS, resident's blood | d sugar was 456. He reported | | | | |
| | | ning since dinner. Writer | | | | |
| | | 5 units of Novolog previously | | | | |
| | | units of scheduled Lantus. At | | | | |
| | | od sugar was 118. He was | | | | |
| | | ack of milk and Lorna Dune | | | | |
| | | okies. Resident's lung sounds | | | | |
| | | in bilateral bases. He has | | | | |
| | | with minimal exertion and is | | | | |
| | | ving in bed, as he reports he | | | | |
| | | eatheven with head of bed | | | | |

Minnesota Department of Health STATE FORM

Minnesota Department of Health

| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BENEDICTINE HEALTH CENTER 935 KENWOOD AVENUE DULUTH, MN 55811 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 2 265 Continued From page 10 elevated 90 degrees. He prefers to sit/sleep in recliner. Oxygen sats are 93% on high flow oxygen of 6 L via NC. No cough noted. Resident remains afebrile. Denied chest pain. Left shoulder/clavicle and left lower extremity/stump pain effectively managed with scheduled Gabapentin and PRN Tylenol. Resident resting comfortably in recliner at this time." The medical noted lacked evidence of the provider/physician being updated of staff holding the scheduled | | NT OF DEFICIENCIES NOF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | E CONSTRUCTION | | SURVEY PLETED | |
|--|---------|--|--|-----------------|--|----------------------------------|------------------|--|
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 935 KENWOOD AVENUE DULUTH, MN 55811 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 2 265 Continued From page 10 elevated 90 degrees. He prefers to sit/sleep in recliner. Oxygen sats are 93% on high flow oxygen of 6 L via NC. No cough noted. Resident remains afebrile. Denied chest pain. Left shoulder/clavicle and left lower extremity/stump pain effectively managed with scheduled Gabapentin and PRN Tylenol. Resident resting comfortably in recliner at this time." The medical noted lacked evidence of the provider/physician being updated of staff holding the scheduled | | | | A. BUILDING: | | | | |
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| CX4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 2 265 Continued From page 10 elevated 90 degrees. He prefers to sit/sleep in recliner. Oxygen sats are 93% on high flow oxygen of 6 L via NC. No cough noted. Resident remains afebrile. Denied chest pain. Left shoulder/clavicle and left lower extremity/stump pain effectively managed with scheduled Gabapentin and PRN Tylenol. Resident resting comfortably in recliner at this time." The medical noted lacked evidence of the provider/physician being updated of staff holding the scheduled | NAME OF | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, S | STATE, ZIP CODE | | | |
| PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 2 265 Continued From page 10 elevated 90 degrees. He prefers to sit/sleep in recliner. Oxygen sats are 93% on high flow oxygen of 6 L via NC. No cough noted. Resident remains afebrile. Denied chest pain. Left shoulder/clavicle and left lower extremity/stump pain effectively managed with scheduled Gabapentin and PRN Tylenol. Resident resting comfortably in recliner at this time." The medical noted lacked evidence of the provider/physician being updated of staff holding the scheduled | BENEDI | CTINE HEALTH CENT | FR | | UE | | | |
| elevated 90 degrees. He prefers to sit/sleep in recliner. Oxygen sats are 93% on high flow oxygen of 6 L via NC. No cough noted. Resident remains afebrile. Denied chest pain. Left shoulder/clavicle and left lower extremity/stump pain effectively managed with scheduled Gabapentin and PRN Tylenol. Resident resting comfortably in recliner at this time." The medical noted lacked evidence of the provider/physician being updated of staff holding the scheduled | PRÉFIX | (EACH DEFICIENCY | / MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T | ION SHOULD BE THE APPROPRIATE | COMPLETE | |
| together with scheduled Lantus (long acting insulin) and R1's continued report of feeling "too short of breath" plus the diminished lung sounds. -Shift Note dated 12/21/20, at 3:37 a.m. indicated "Beginning midnight resident's O2 dropped between 88 to 54 on 6 L free airflow. O2 sat went back up to 90 with help of deep breathing. O2 sat continued going up and down through the night till 3 am. Unable to keep sat above 88, stayed 74." Writer called on-call St Lukes Community Care physician who gave verbal order to send R1 to emergency room (ER). Nurse at ER was updated with resident's condition. Family member was notified, and resident consent to going to ER. The medical record lacked documentation of the provider/physician being notified timely when the oxygen saturation levels were dropping between 88% to 54% beginning at midnight so the physician could make the decision to continue monitoring R1 at the facility or send R1 to the hospital. The nurse waited until 3:00 a.m. which was 3 hours later and although R1's oxygen saturations went back to 90% with deep breathing, R1's oxygen level continued to go up and down through the night. In addition, the medical record lacked documentation of what the oxygen levels were through out the time frame from when the level stayed at 74% upon which | 2 265 | elevated 90 degree recliner. Oxygen sa oxygen of 6 L via N remains afebrile. D shoulder/clavicle ar pain effectively man Gabapentin and PF comfortably in reclinated lacked evide being updated of st insulin at 4:30 p.m. together with scheeinsulin) and R1's coshort of breath" plu -Shift Note dated 1: "Beginning midnigh between 88 to 54 oback up to 90 with continued going up 3 am. Unable to ke Writer called on-caphysician who gave emergency room (Ewith resident's contified, and reside medical record lack provider/physician loxygen saturation 188% to 54% beginn physician could mamonitoring R1 at the hospital. The nurse was 3 hours later a saturations went bas breathing, R1's oxyand down through the medical record lack me | s. He prefers to sit/sleep in ats are 93% on high flow C. No cough noted. Resident enied chest pain. Left and left lower extremity/stump maged with scheduled RN Tylenol. Resident resting ner at this time." The medical national feet administering it at HS duled Lantus (long acting ontinued report of feeling "too is the diminished lung sounds. 2/21/20, at 3:37 a.m. indicated at resident's O2 dropped on 6 L free airflow. O2 sat went and down through the night till ep sat above 88, stayed 74." If St Lukes Community Care is everbal order to send R1 to ER). Nurse at ER was updated dition. Family member was not consent to going to ER. The seed documentation of the being notified timely when the evels were dropping between hing at midnight so the ke the decision to continue e facility or send R1 to the waited until 3:00 a.m. which and although R1's oxygen ack to 90% with deep gen level continued to go up the night. In addition, the seed documentation of what the seed documentation of what the | | | | | |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| | | 00861 | B. WING | | | C 08/2022 |
| NAME OF | | | DDECC OITY C | TATE ZID CODE | 1 00/ | OOILULL |
| NAME OF | PROVIDER OR SUPPLIER | | DDRESS, CITY, S WOOD AVEN I | | | |
| BENEDI | CTINE HEALTH CENT | ER | MN 55811 | JE | | |
| (V4) ID | SLIMMARY STA | TEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF (| CORRECTION | (YE) |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| 2 265 | Continued From pa | ge 11 | 2 265 | | | |
| | order to send R1 to | on-call physician who gave ER. The note also lacked t the time of the assessment R1 to the hospital. | | | | |
| | following was revea -12/18/20, order for 88-92%. Document -12/18/20, check te (BP), pulse, respira | O2 to keep sats between liter flow every shift. mperature, blood pressure tions and O2 sats once daily. Report Temperature over | | | | |
| | Progress Note date R1's admitting diagrexacerbation, congrexacerbation, acute carbon dioxide leve and chronic diastoli acute respiratory faindicated a CT scar completed with the ground glass [findin tomography) scan tair spaces in the lur opacities were seen hemithoraces likely edema versus multipasilar effusions an addition, the note in showing acute respiratory dioxide level dioxide level of 82 kmmHg); WBC 13.5 K/ul) and due to R1 | e hospital Internal Med d 12/23/20, the note indicated noses included COPD estive heart failure hypercapnia (elevated I), respiratory failure, acute c congestive heart failure and illure with hypoxia. The note of the chest had been following results "Extensive of on CT (computerized that indicates a partial filling of ngs], interstitial and airspace of throughout the bilateral representing pulmonary ifocal with associated small d compressive atelectasis." In indicated R1 had blood gas iratory acidosis with arterial st measures the oxygen and is in your blood) with carbon with normal levels (35-45 K/ul with normal (4.0-10.0 showing signs of respiratory arted on Lasix (water pill), | | | | |

Minnesota Department of Health

STATE FORM 5899 5INK11 If continuation sheet 12 of 20

| Minnesc | <u>ota Department of He</u> | ealth | _ | | | |
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| STATEMEN | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPL | E CONSTRUCTION | (X3) DATE | SURVEY |
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED | |
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| | | | D WING | | C | |
| | | 00861 | B. WING | | 03/0 | 8/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS CITY S | STATE, ZIP CODE | | |
| TW WILL OT | TROVIDER OR GOLT EIER | | | | | |
| BENEDI | CTINE HEALTH CENT | FR | VOOD AVEN | UE | | |
| | | DULUTH, | MN 55811 | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | NC | (X5) |
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| | | | | DEI IOIENOT) | | |
| 2 265 | Continued From pa | ge 12 | 2 265 | | | |
| | • | | | | | |
| | | that affect your breathing), | | | | |
| | | o treat many different | | | | |
| | inflammatory condi- | tions including exacerbations) | | | | |
| | and two antibiotics | Azithromycin and Rocephin). | | | | |
| | | • , , | | | | |
| | During interview on | 3/7/22, at 12:39 p.m. RN-A | | | | |
| | | stated she recalled R1 coming | | | | |
| | | nd seemed medically complex | | | | |
| | | as a safe discharge from the | | | | |
| | | ed she had tried to work with | | | | |
| | • | nake sure R1 got all the | | | | |
| | | o get good care. RN-A stated | | | | |
| | | her documentation, the chest | | | | |
| | | sive and she had brought it up | | | | |
| | | | | | | |
| | | had updated the responsible | | | | |
| | | ated without reviewing the | | | | |
| | | from the little she could | | | | |
| | | been tested for Covid-19 and | | | | |
| | | testing negative. RN-A stated | | | | |
| | | ved the results for the x-ray | | | | |
| | | ad documented them in the | | | | |
| | progress note and | she had contacted the provider | | | | |
| | | way as she wanted R1 to be | | | | |
| | managed. When as | sked where she would | | | | |
| | document which pro | ovider she had contacted she | | | | |
| | stated it would have | e been the resident notes. | | | | |
| | RN-A also stated sh | ne also would have | | | | |
| | communicated with | the supervisor RN-B, nurse | | | | |
| | | d have documented in the 24 | | | | |
| | hour board, RN-As | tated usually the process was | | | | |
| | | level they were receiving | | | | |
| | | ped, or there was a change in | | | | |
| | | ificant lab result typically the | | | | |
| | | e contact the on-call so we | | | | |
| | | | | | | |
| | | ed moving forward. I know | | | | |
| | | g with him I was keeping close | | | | |
| | • | oviders I don't recall who I | | | | |
| | spoke with." | | | | | |
| | | | | | | |
| | During interview on | 3/7/22, at 1:34 p.m. licensed | | | | |

Minnesota Department of Health

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| Minnesota Department of Health | | | | | | |
|--------------------------------|----------------------------|--|------------------|---|------------|------------------|
| STATEMEN | IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPL | E CONSTRUCTION | (X3) DATE | SURVEY |
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED | |
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| | | 00861 | B. WING | | 03/08/2022 | |
| | | | • | | | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| DENEDI | OTINE HEALTH OFNE | 935 KENV | VOOD AVEN | UE | | |
| BENEDIO | CTINE HEALTH CENT | ER DULUTH. | MN 55811 | | | |
| | 0 | | | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL | | (X5) COMPLETE |
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| 170 | | , | IAG | DEFICIENCY) | | |
| | | | | | | |
| 2 265 | Continued From pa | ge 13 | 2 265 | | | |
| | • | | | | | |
| | | N)-A reviewed both her | | | | |
| | progress note for 1: | 2/19/20 at 3:04 p.m. and | | | | |
| | 12/20/20, at 1:56 p. | m. and verified R1 had been | | | | |
| | | n and had still continued to | | | | |
| | | short of breath. LPN-A stated | | | | |
| | | he had worked with R1, she | | | | |
| | | on 6 liters of oxygen and that | | | | |
| | | or the shift. LPN-A stated from | | | | |
| | | | | | | |
| | | "was very sick and had a lot | | | | |
| | | hen asked about the charting | | | | |
| | | poken to or updated regarding | | | | |
| | | arty concerns on 12/20/20, at | | | | |
| | | note, LPN-A stated after | | | | |
| | reading the note sh | e had spoken to R1's | | | | |
| | | ecause the responsible party | | | | |
| | | the loose stools and had | | | | |
| | | d a bowel obstruction. LPN-A | | | | |
| | | l assessed R1, and had | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | sible party concern to the RN | | | | |
| | | B. When asked where she | | | | |
| | would have docume | | | | | |
| | | ut R1's responsible party | | | | |
| | | ated she would have called | | | | |
| | the on-call, put a "S | BAR" Situation, Background, | | | | |
| | | ecommendation note in the | | | | |
| | provider binder for | the provider to review when in | | | | |
| | | could have done both. LPN-A | | | | |
| | | medical record lacked | | | | |
| | | er following up with the | | | | |
| | | | | | | |
| | | oncerns to review the course | | | | |
| | | A further acknowledged it was | | | | |
| | | ince the nurse manager was | | | | |
| | not in the building s | he could have sent an e-mail. | | | | |
| | | | | | | |
| | During interview on | 3/7/22, at 4:49 p.m. primary | | | | |
| | | ioner (NP) stated he had not | | | | |
| | | ident was admitted on | | | |] |
| | | s a Thursday and R1 was sent | | | | |
| | | 1/20, before he could do the | | | | |
| | | he NP reviewed the lab result | | | | |
| | III SE VISIE WILLI IN 1. I | HE INF TENEWER THE IAD TESUIT | | | | |

| Minnesc | Minnesota Department of Health | | | | | |
|--------------------------|--|---|------------------------------|--|-------------------------------|--------------------------|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
| | | | | | l c | <u> </u> |
| | | 00861 | B. WING | | 03/08/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS CITY S | STATE, ZIP CODE | | |
| 10 101 | NOVIBER OR GOLF EIER | | VOOD AVEN | | | |
| BENEDI | CTINE HEALTH CENT | FR | MN 55811 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| 2 265 | Continued From pa | ge 14 | 2 265 | | | |
| 2 265 | for 12/18/20, and as elevated WBC cour 12/18/20, results we and the Neutrophils conclusion if R1 has someone had to loo to compare the trenthe nursing note ab of the lab results or p.m. he would have the facility nurse we those hours. The N have any document regarding the nurse the chest x-ray. The lab results dated 12 had within normal V which was different The NP reviewed the stated according to to have gotten wors 12/18/20, and was compared to the honurses were suppor R1's elevated temp responsible party or insulin being held a stated someone had including the chest any specific measu NP stated since R1 from the hospital ar normally staff were 1-4 liters, the nurse | cknowledged R1 had an ant. NP stated although the ere elevated for WBC count is, it was hard to draw a d an infection because ok at the previous labs results ads. The NP stated going by out the provider being updated in 12/18/20, it appeared at 5:22 is been off work that time and ould have called the on-call at P acknowledged he did not tation of seeing R1 or a update of the lab results and is NP reviewed R1's hospital in 2/17/20, and acknowledged R1 VBC count and Neutrophils from the labs on 12/18/20. The staff nursing notes and the notes, R1 had appeared as the night went on from a going a different direction is spital labs. When asked if the sed to call the on-call about eratures, SOB, loose stools, oncerns about treatment, and the lung sounds, the NP d to review the whole picture is and the lab results. The was on 2 liters of oxygen and continued to need more, to run the oxygen flow rate at is should have known to call lange of condition when they | 2 265 | | | |
| | had increased the o | oxygen to over 4 liters. "The sing judgement we are only as | | | | |
| | | Someone's judgement must | | | | |
| | | t deteriorating. When did he should have been notified." | | | | |

Minnesota Department of Health

STATE FORM 6899 If continuation sheet 15 of 20 5INK11

Minnesota Department of Health

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | E CONSTRUCTION | (X3) DATE | SURVEY LETED |
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| 7.1.12 . 12 . 1. | 0. 00.1.1.20.1.0.1 | | A. BUILDING: | | | |
| | | 00861 | B. WING | | 03/0 | 8/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| BENEDI | CTINE HEALTH CENT | FR | VOOD AVEN MN 55811 | UE | | |
| (X4) ID PREFIX TAG | REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODERICENCY) | JLD BE | (X5) COMPLETE DATE |
| 2 265 | result was: "Periphelungs are concerning process such as Constated it was hard to what atypical means have to be asked on x-ray. The NP state in simple terms "wow pneumonia, they did more of a fog like look know with atypical fluid lines so I think difficult to be able to pneumonia. It's hare the pneumonia. It's hare the pneumonia interview on interim director of row x-ray results from the lab results and CBC and BMP on the lab results and cBC and lab results and cBC and lab results and cBC and lab results and lab results and lab results and cBC and lab results and cBC and lab results and lab r | the chest x-ray indicating the eral airspace opacities in bothing for atypical infectious OVID-19 pneumonia" the NP of answer the question about the because this question would find the person who read the end atypical infectious process ould be like walking do not say consolidation it's like book mycoplasma. It's hard to because it was not showing that's the challenge. It will be not tell from the x-ray if it's viral and to put judgement into this." 1. 3/7/20, at 3:37 p.m. the hursing (DON) stated the chest 1.2/18/20, were faxed to the NP IP had also been updated of had given orders to re-check Monday 12/21/20, which were were the model of the poon acknowledged the seed documentation of the provider/physician through | 2 265 | | | |

Minnesota Department of Health

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPL | E CONSTRUCTION | (X3) DATE | SURVEY |
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| | OF CORRECTION | IDENTIFICATION NUMBER: | | | | LETED |
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| | | 00861 | B. WING | | 1 | 8/2022 |
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| BENEDI | CTINE HEALTH CENT | FR | VOOD AVEN MN 55811 | UE | | |
| | OUR MAA DV OTA | · | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO | D BE | (X5) COMPLETE DATE |
| | | | | DEFICIENCY) | | |
| 2 265 | Continued From pa | ge 16 | 2 265 | | | |
| | resident required th | e increased oxygen level, as | | | | |
| | | was 1-4 liters, when R1 had a | | | | |
| | | ated that was the reason why | | | | |
| | | r working at the facility. | | | | |
| | During interview on | 3/7/22, at 5:28 p.m. when | | | | |
| | | cumentation regarding R1's | | | | |
| | | unds, RN-B stated she had | | | | |
| | | x-ray and the lab results which | | | | |
| | | SLCC and in her opinion | | | | |
| | | ed with R1's lung sounds from | | | | |
| | | ated R1 continued to have the | | | | |
| | | in bed from admit. RN-B ked like he had improved | | | | |
| | | he had admitted to the facility | | | | |
| | | on time "he was compensated | | | | |
| | | d to keep a close eye on him | | | | |
| | | ng the primary informed I felt | | | | |
| | | ray being done. I was not | | | | |
| | | ht shift when he was sent in to | | | | |
| | judge what he was | like. RN-B stated, "During my | | | | |
| | | ce people are not at their | | | | |
| | | the care plan and the | | | | |
| | | nd if we feel a resident has had | | | | |
| | • | on we would notify the doctor." | | | | |
| | | If family came back and was | | | | |
| | | atment plan, basically I would | | | | |
| | do an assessment | right there able to be in | | | | |
| | | wider and would update them. | | | | |
| | | e care coordinator and update | | | | |
| | | ity Care on the weekends | | | | |
| | | n what is going on and would | | | | |
| | | vant us to do." RN-B then | | | | |
| | | urses to do a SBAR | | | | |
| | [Situation- Backgro | | | | | |
| | | and tell them if something is | | | | |
| | urgent they need to | call the on-call or you can fax | | | | |
| | | ider during the business | | | | |
| | hours." When aske | d where the SBARs | | | | |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | 3) DATE SURVEY COMPLETED | |
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| | | | A. DUILDING. | | _ | | |
| | | 00861 | B. WING | | C 03/08/2022 | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRE | | | | STATE, ZIP CODE | | | |
| RENEDIC | CTINE HEALTH CENT | . 935 KENV | VOOD AVEN | UE | | | |
| DENEDIO | JINE HEALIH CENT | DULUTH, | MN 55811 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD BE COM | | (X5) COMPLETE DATE | |
| 2 265 | Continued From pa | Continued From page 17 | | | | | |
| 2 265 | completed for reside some of the provide as orders and other there is no regulation document the order nurses are supposed going on with the results are supposed going on with the results are to the hospital no documentation of was before the nurse ordered R1 to be seen as to be process such as Comprocess such as Co | lents were kept, RN-B stated ers will sign off on the SBARs rs will write it in the orders as on of where really they can rs. RN-B further stated, "The ed to write notes of what is esidents during their shifts." Is notes leading up to being and acknowledged there was of what the resident condition se notified the physician who ent to the hospital. Ith the medical director (MD) is when asked about the chest pheral airspace opacities in cerning for atypical infectious OVID-19 pneumonia." The typical mycoplasma wid could be either bacterial or 1's chest x-ray, it would have umonia but the result did not that. The MD stated he was ent however, acknowledged d R1's medical record. The e was R1 had tests completed aware of the x-ray results and unding nurse practitioner had be repeated in 3 days adding, one should have had a nurse eeone on call to have weighed ct he was continuing to have in even with the increased er things including the nurses are to notify the provider re was need to alter the course MD further stated there was | 2 265 | | | | |
| | including the medic | which made the issue complex cal history and being the could not be an excuse. "They | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (Y2) MULTIPL | E CONSTRUCTION | (X3) DATE | QLID\/EV | |
|---|---|---|--|---|----------------------------|--------|
| , , , | | IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
| | | | A. BUILDING. | | | |
| | | | B WINC | | C | |
| | | 00861 | B. WING | | 03/0 | 8/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| DENEDI | OTINE HEALTH OFNE | 935 KENV | VOOD AVEN | UE | | |
| BENEDIO | CTINE HEALTH CENT | DULUTH, | MN 55811 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (2) | | |
| 2 265 | Continued From page 18 | | 2 265 | | | |
| | , - | | | | | |
| | should have called the on-call." | | | | | |
| | directed the following "Purpose: To provide upon the current nedirection of the atteresident/resident reprovider when a sign condition occurs." | le care and services based leds of the resident under the nding provider. To inform presentative and attending nificant change in resident | | | | |
| | Policy: When a significant change in the resident's physical, mental, or psychosocial status is identified by the licensed nurse, or when there is need to alter treatment significantly, the licensed nursing associate consults with the attending provider and notify the resident/resident representative | | | | | |
| | condition noted throinterview or report f 2. Obtain a set of vineeded or ordered. 3. Open Matrix Eve review and assessr 4. Notify the attendicondition and imple appropriate monitor contact the physicial Director, as approp 5. Notify the approp (interdisciplinary) te 6. Notify the resider 7. Document symptobservations, reside and medical provider | at change in the resident's bugh direct observation, or other staff. Ital signs and repeat as an and conduct a symptom ment, as condition warrants. In an | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
|--|--|---|----------------------------|--|-------------------------------|--------------------------|--|
| | | IDENTIFICATION NOMBER. | A. BUILDING: | | | | |
| 00861 | | B. WING | | C 03/08/2022 | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | |
| BENEDICTINE HEALTH CENTER 935 KENWOOD AVENUE DULUTH, MN 55811 | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETE DATE | |
| 2 265 | the attending provided in the strending provided in the care suggested in the care suggested in the care suggested in the care suggested in the care i | | 2 265 | | | | |

Minnesota Department of Health STATE FORM