

Electronically Delivered

July 27, 2023

Administrator
Benedictine Health Center
935 Kenwood Avenue
Duluth, MN 55811

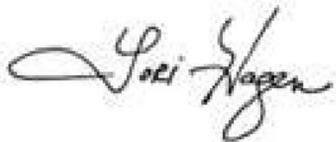
RE: CCN: 245236
Cycle Start Date: June 2, 2023

Dear Administrator:

On July 26, 2023, 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.

Please contact me with any questions regarding this letter.

Sincerely,



Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

July 27, 2023

Administrator
Benedictine Health Center
935 Kenwood Avenue
Duluth, MN 55811

Re: Reinspection Results
Event ID: VFI612

Dear Administrator:

On July 26, 2023, 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 June 2, 2023. At this time these correction orders were found corrected.

Please contact me with any questions regarding this letter.

Sincerely,

A handwritten signature in black ink that reads 'Lori Hagen'.

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us



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June 22, 2023

Administrator
Benedictine Health Center
935 Kenwood Avenue
Duluth, MN 55811

RE: CCN: 245236
Cycle Start Date: June 2, 2023

Dear Administrator:

On June 2, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

Benedictine Health Center

June 22, 2023

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The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

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

DEPARTMENT CONTACT

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

Jennifer Kolsrud Brown, RN, Unit Supervisor
Rochester District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
18 Wood Lake Drive Southeast
Rochester, Minnesota 55904-5506
Email: jennifer.kolsrud@state.mn.us
Office: (507) 206-2727 Mobile: (507) 461-9125

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

Benedictine Health Center

June 22, 2023

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Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by September 2, 2023, (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 December 2, 2023, (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

Benedictine Health Center

June 22, 2023

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dates specified for compliance or the imposition of remedies.

Please contact me with any questions regarding this letter.

Sincerely,

A handwritten signature in black ink that reads "Lori Hagen". The signature is written in a cursive style with a large initial "L" and "H".

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

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

PRINTED: 07/13/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 935 KENWOOD AVENUE DULUTH, MN 55811
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 6/1/23 through 6/2/23, a standard recertification survey was conducted at your facility. A complaint investigation was also conducted. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>In addition to the recertification survey, the following complaints were reviewed</p> <p>The following complaints were reviewed with no deficiency issued.</p> <p>H52362554C (MN00091664) H52362556C (MN00090294) H52362559C (MN00088643) H52362558C (MN00089633) H52362560C (MN00087060)</p> <p>The following complaints were reviewed. H52362555C (MN00091656) with a deficiency issued at F550 H52362557C (MN00090236) with a deficiency issued at F550 H52362553C (MN00093188) with a deficiency issued at F550</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/30/2023
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p>	F 550		7/5/23

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F 550	<p>Continued From page 2</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and document review, the facility failed to respond in a timely manner to resident call lights to ensure activities of daily living (ADL)'s including personal cares and toileting was provided to maintain respect and dignity for 3 of 3 residents (R12, R9, and R7).</p> <p>Findings include:</p> <p>R12's quarterly minimum data set (MDS) assessment dated 5/23/23, indicated R12 was cognitively intact. R12 needs extensive assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene. R12 is always continent of bowel and bladder. R12 has anxiety disorder and mood affective disorder.</p> <p>R12's care plan reviewed/revised 5/24/23, indicated R12 was able to communicate needs. Continent of bowel and bladder but requires assistance of 1 staff related to impaired mobility and transfer assistance on and off toilet. R12 would be able to call for assistance with toileting needs.</p> <p>During an interview on 6/1/23 at 3:05 p.m., R12 stated "I must wait for an hour and a half about every day. I had an accident in the evening the day before yesterday because I could not hold my bowels any longer. I have had to throw my</p>	F 550	<p>F 550</p> <p>This plan of correction constitutes the facility's credible allegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truths or facts alleged or conclusions set forth in the statement of deficiencies.</p> <p>The plan of correction is prepared and/or executed in accordance with federal and state law requirements.</p> <p>R12, R9, R7 chart and care plan were reviewed for quality assurance and process improvement. A 3-day bowel and bladder diary was completed to review toileting needs for R12, R9, R7. Bowel and Bladder interventions were reviewed for R12 and R9 which already include a care planned history of requesting specific preferences during cares and their care planned preference to restrict care from caregivers.</p> <p>Residents who prefer to wait for certain caregivers were identified. Risk vs benefits of residents who decline</p>	

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F 550	<p>Continued From page 3</p> <p>underwear away because of the accidents. After telling the staff and going to resident council meeting talking about the call lights being an issue there has been no improvement in my case. I still must go in the hall and yell sometimes so someone will come before I have an accident. I am frustrated, I can't do it myself, but I wouldn't have accidents if someone would come and help me. I am up half the night worried who is going to come in and take care of be because they are so short staffed. I have become very depressed because the call light is not even worth using as no one comes for a very long time."</p> <p>R12's 14-day call light report titled; Resident Incident Details Report dated from 5/19/23-6/1/23 indicated the following:</p> <p>12 times with call light was on over 30 minutes. 4 times with call light on over 45 minutes 5 times with call light on over one hour 5 times with call light on over one hour and half, and on 5/23/23 at 5:39 a.m., call light was on for duration of 2 hours and 14 minutes</p> <p>R9's quarterly MDS assessment dated 4/17/23, indicated R9 was moderately cognitively intact. R9 needed extensive assistance from staff with bed mobility, dressing, eating, toilet use, personal hygiene, and was totally dependent on staff for transfers. R9 was always incontinent of bowel and bladder. R9 has quadriplegia, unspecified progressive quadriparesis and anxiety disorder.</p> <p>R9's care plan reviewed/revised 4/17/23, indicated R9 was able to communicate needs. Activities of daily living functional status indicated functional incontinence related to muscular</p>	F 550	<p>care/caregivers have been reviewed and alternative care options have been discussed with identified residents. Care plan interventions have been discussed and developed with identified residents.</p> <p>The policy for Activities of Daily Living has been reviewed and remains appropriate. Education provided to all staff including a post-test regarding; answering call lights, offering alternative options of care for the residents and resident's rights has been completed. Education to be provided by, or before 7/5/23, if staff are unable to attend, the staff will receive the training during or before their next shift. Competency to be reviewed by DON or designee for further education as needed.</p> <p>DON or designee will complete interview audits at random on 10 residents per week x 4 weeks and 5 residents per week x 4 weeks in regards to the timeliness of call light response, ADL assistance and cares received. The facility put into place a review of the longest call response time for building to be reviewed 5x/week during clinical IDT.</p> <p>Audit findings will be presented to the facility's Quality Council by DON or designee. Results of monitoring shall be reported at the facility Quality Council meeting with ongoing frequency and duration to be determined through analysis and review of results.</p> <p>Compliance to be achieved by July 5th,</p>	

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F 550	<p>Continued From page 4</p> <p>weakness. Staff would anticipate needs and toilet every 2 hours and as needed to help R9 remain free of skin breakdown and respect R9's dignity. R9 required extensive to total assistance of 1-2 staff with toileting needs.</p> <p>During an interview on 6/2/23 at 11:30 a.m., R9 stated "I put my light on because I need to use the bathroom. I can make it without having an accident in my brief if someone comes but if they do not come and I must wait I will go in my brief. I wait a half hour at minimum. I get upset because it goes through my pants and then I must still sit in my urine and wait for someone to come. I send my soiled clothes home for my husband to wash, and it is embarrassing. It makes me feel depressed when I don't get out of my room for a walk with my husband because we are waiting for someone to come help me to the bathroom for so long that I then need to be changed due to having an accident."</p> <p>R9's 14-day call light report titled; Resident Incident Details Report dated from 5/19/23-6/1/23 indicated the following: 19 times with call light on over 30 minutes. 8 times with call light on over 45 minutes 10 times with call light on over one hour 2 times with call light on over one hour and half, and on 5/20/23 at 0:47 a.m., call light was on for duration of 1 hour and 46 minutes 5/24/23 at 11:44 a.m., call light was on for duration of 1 hour and 47 minutes 5/27/23 at 7:43 a.m., call light was on for duration of 1 hour and 47 minutes</p> <p>R7's quarterly MDS assessment dated 3/27/23, indicated R7 was cognitively intact. R7 needed</p>	F 550	2022.	

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F 550	<p>Continued From page 5</p> <p>extensive assistance from staff with bed mobility, dressing, toilet use, personal hygiene, and was totally dependent on staff for transfers. R7 was always occasionally incontinent of bowel and bladder.</p> <p>R7's care plan reviewed/revised 5/24/23, indicated R7 was able to communicate needs. Activities of daily living functional status indicated functional incontinence related to muscular weakness. R7 would verbally ask for assistance. R7 required extensive assistance of 1 staff and ceiling lift with toileting needs.</p> <p>R7's face sheet dated 6/2/23, indicated the following diagnoses: acquired absence of right leg below knee, acquired absence of left leg above knee, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, anxiety disorder and major depressive disorder.</p> <p>During an interview on 6/1/23 at 12:05 p.m., R7 stated, "I have had to wait for an hour and a half for someone to come. I have had accidents in my pants due to my call light not being answered just this week. I need help using the urinal or I will make a mess and it gets all over and I feel embarrassed. I am not a baby, but I have to go to the bathroom in my pants because no one comes when I call with my light. I am resident counsel president, and we talk about this all the time in our meetings, we have had administration present for the meetings, and they are aware of our concerns, but nothing has been done or said to us about how they are going to help fix the problem."</p> <p>R7's 14-day call light report titled; Resident</p>	F 550		

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F 550	<p>Continued From page 6</p> <p>Incident Details Report dated from 5/19/23-6/1/23 indicated the following:</p> <p>5 times with call light was on over 30 minutes. 1 time with call light on over 45 minutes 3 times with call light on over one hour</p> <p>During the following 3rd floor observations: -on 6/1/23 at 12:26 p.m., the call light for room [number] had been on for 35 minutes.</p> <p>-6/1/23 at 12:33 p.m., the call light for room [number] had been on for 30 minutes.</p> <p>-6/1/23 at 2:16 p.m., the call light for room [number] had been on for 1 hour and 18 minutes.</p> <p>During an interview on 6/1/23 at 2:26 p.m., licensed practical nurse (LPN)- A stated 10-15 minutes is the longest we would want to see a call light on for. LPN-A was updated of the observed call light and verified room [number] call light had been on for a 1 hour and 28 minutes and is unacceptable.</p> <p>During the following call light observations on the 3rd floor: -6/2/23 at 6:56 a.m., room [number] had been on for 40 minutes.</p> <p>-6/2/23 at 11:44 a.m., room [number] had been on for 31 minutes.</p> <p>-6/2/23 at 11:48 a.m., room [number] had been on for 33 minutes.</p> <p>During an interview on 6/1/23 at 2:20 p.m., R11 stated at times they must wait for 2 hours before staff answer the call light. R11 indicated the staff</p>	F 550		

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F 550	<p>Continued From page 7</p> <p>would tell R11 not to feel bad if R11 had to go to the bathroom in their pants. Staff has told R11 it is okay because staff cannot come in time because they are busy.</p> <p>On 6/1/23 at 3:27 p.m., nursing assistant (NA)-A stated the longest they had seen a call light on for was an hour and a half. NA-A said it is hard when taking care of 7-8 people who need you all at once and you are the only one working the hallway. NA-A said some residents yell quite often about not getting to them in a timely manner. NA-A has had a few residents have bowel movements or have urinated on themselves a couple of times because staff could not get to them in time.</p> <p>On 6/1/23 at 5:38 p.m., LPN-B stated, "I have had residents complain about waiting too long to go to the bathroom and then having an accident and needing to be cleaned up, some of them feel humiliated."</p> <p>On 6/1/23 at 5:49 p.m., trained medication assistant (TMA)-A stated, "I have had continent residents have the call light on and tell me they had an accident before I could get to them a handful of times a week. Some of the residents get upset and cry because they were incontinent."</p> <p>On 6/1/23 at 5:58 p.m., NA-B stated, "residents that are continent have an accident at least once a week due to the call light not being answered fast enough."</p> <p>During an interview on 6/2/23 at 11:54 a.m., family member (F)-A stated, "This last Sunday when I got here the call light read it was going off for 1 hour and 40 minutes. When I went into her</p>	F 550		

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

PRINTED: 07/13/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/02/2023
NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 935 KENWOOD AVENUE DULUTH, MN 55811		
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F 550	<p>Continued From page 8</p> <p>room there was urine and brown liquid all over the floor around R9's wheelchair. Once someone came in, they threw a pad on her wheelchair cushion and said they would wash it later. I have been here when R9 has had to wait up to 3 hours for someone to help her to the bathroom. We started going to resident council meetings and facility staff stated to call the nurses station if your call light does not get answered. We have contacted the ombudsman and they don't even get responses back from the facility."</p> <p>On 6/2/23 at 11:28 a.m., the ADON stated a call light should be answered within 3-5 minutes. We have staff that are of color and some of our residents refuse to let people of color care for them so they will wait and have accidents. We have had residents who need two staff to assist them with toileting and at the time the resident needs to use the bathroom we only have one staff member available so sometimes those residents will have accidents.</p> <p>On 6/2/23 at 2:44 p.m., the administrator stated a call light could be on up to 30 minutes, but the light needs to be answered as soon as possible. We have residents who do not like to work with specific staff so those call lights might be on longer, but it is expected as soon as staff are able the call light needs to be answered. Residents have brought to my attention about the call light wait times. The administrator verified there is an issue with call light wait times and has updated a few residents what the facility is working on to improve call light wait times.</p> <p>A facility policy titled Activities of Daily Living (ADL) dated 6/2021, indicated residents unable to carry out ADLs independently will receive the</p>	F 550		

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

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F 550	Continued From page 9 services necessary to maintain good nutrition, grooming, personal hygiene, elimination, communication, and mobility. A facility policy for call lights was requested not received.	F 550		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

June 22, 2023

Administrator
Benedictine Health Center
935 Kenwood Avenue
Duluth, MN 55811

Re: State Nursing Home Licensing Orders
Event ID: VFI611

Dear Administrator:

The above facility was surveyed on June 1, 2023, through June 2, 2023, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

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

Benedictine Health Center

June 22, 2023

Page 2

the Suggested Method of Correction and the Time Period For Correction.

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

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

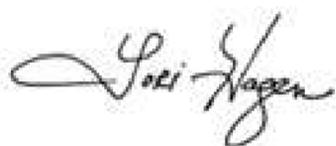
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting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

Jen Bahr, RN, Unit Supervisor
Bemidji District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
705 5th Street NW, Suite A
Bemidji, Minnesota 56601-2933
Email: Jennifer.bahr@state.mn.us
Office: (218) 308-2104 Mobile: (218) 368-3683

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 contact me with any questions regarding this letter.

Sincerely,



Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

Benedictine Health Center

June 22, 2023

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00861	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 935 KENWOOD AVENUE DULUTH, MN 55811
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 6/1/23-6/2/23, a licensing survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure and the following correction orders are issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/30/23
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaints were reviewed with no deficiency issued. H52362554C (MN00091664) H52362556C (MN00090294) H52362559C (MN00088643) H52362558C (MN00089633) H52362560C (MN00087060)</p> <p>The following complaints were reviewed. H52362555C (MN00091656) with a licensing order issued at 1880 H52362557C (MN00090236) with a licensing order issued at 1880 H52362553C (MN00093188) with a licensing order issued at 1880</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing</p>	2 000		
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Minnesota Department of Health

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2 000	<p>Continued From page 2</p> <p>orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</p> <p>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.</p>	2 000		
21880	<p>MN St. Statute 144.651 Subd. 20 Patients & Residents of HC Fac.Bill of Rights</p> <p>Subd. 20. Grievances. Patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be</p>	21880		7/5/23

Minnesota Department of Health

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21880	<p>Continued From page 3</p> <p>posted in a conspicuous place.</p> <p>Every acute care inpatient facility, every residential program as defined in section 253C.01, every nonacute care facility, and every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient or resident to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in section 253C.01 which are hospital-based primary treatment programs, and outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to respond in a timely manner to resident call lights to ensure activities of daily living (ADL)'s including personal cares and toileting was provided to maintain respect and dignity for 3 of 3 residents (R12, R9, and R7).</p> <p>Findings include: R12's quarterly minimum data set (MDS)</p>	21880	<p>F 550</p> <p>This plan of correction constitutes the facility's credible allegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truths or facts alleged or conclusions set forth in the statement of deficiencies.</p>	

Minnesota Department of Health

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21880	<p>Continued From page 4</p> <p>assessment dated 5/23/23, indicated R12 was cognitively intact. R12 needs extensive assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene. R12 is always continent of bowel and bladder. R12 has anxiety disorder and mood affective disorder.</p> <p>R12's care plan reviewed/revised 5/24/23, indicated R12 was able to communicate needs. Continent of bowel and bladder but requires assistance of 1 staff related to impaired mobility and transfer assistance on and off toilet. R12 would be able to call for assistance with toileting needs.</p> <p>During an interview on 6/1/23 at 3:05 p.m., R12 stated "I must wait for an hour and a half about every day. I had an accident in the evening the day before yesterday because I could not hold my bowels any longer. I have had to throw my underwear away because of the accidents. After telling the staff and going to resident council meeting talking about the call lights being an issue there has been no improvement in my case. I still must go in the hall and yell sometimes so someone will come before I have an accident. I am frustrated, I can't do it myself, but I wouldn't have accidents if someone would come and help me. I am up half the night worried who is going to come in and take care of be because they are so short staffed. I have become very depressed because the call light is not even worth using as no one comes for a very long time."</p> <p>R12's 14-day call light report titled; Resident Incident Details Report dated from 5/19/23-6/1/23 indicated the following:</p> <p>12 times with call light was on over 30 minutes. 4 times with call light on over 45 minutes</p>	21880	<p>The plan of correction is prepared and/or executed in accordance with federal and state law requirements.</p> <p>R12, R9, R7 chart and care plan were reviewed for quality assurance and process improvement. A 3-day bowel and bladder diary was completed to review toileting needs for R12, R9, R7. Bowel and Bladder interventions were reviewed for R12 and R9 which already include a care planned history of requesting specific preferences during cares and their care planned preference to restrict care from caregivers.</p> <p>Residents who prefer to wait for certain caregivers were identified. Risk vs benefits of residents who decline care/caregivers have been reviewed and alternative care options have been discussed with identified residents. Care plan interventions have been discussed and developed with identified residents.</p> <p>The policy for Activities of Daily Living has been reviewed and remains appropriate. Education provided to all staff including a post-test regarding; answering call lights, offering alternative options of care for the residents and resident's rights has been completed. Education to be provided by, or before 7/5/23, if staff are unable to attend, the staff will receive the training during or before their next shift. Competency to be reviewed by DON or designee for further education as needed.</p>	
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Minnesota Department of Health

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21880	<p>Continued From page 5</p> <p>5 times with call light on over one hour 5 times with call light on over one hour and half, and on 5/23/23 at 5:39 a.m., call light was on for duration of 2 hours and 14 minutes</p> <p>R9's quarterly MDS assessment dated 4/17/23, indicated R9 was moderately cognitively intact. R9 needed extensive assistance from staff with bed mobility, dressing, eating, toilet use, personal hygiene, and was totally dependent on staff for transfers. R9 was always incontinent of bowel and bladder. R9 has quadriplegia, unspecified progressive quadriparesis and anxiety disorder.</p> <p>R9's care plan reviewed/revised 4/17/23, indicated R9 was able to communicate needs. Activities of daily living functional status indicated functional incontinence related to muscular weakness. Staff would anticipate needs and toilet every 2 hours and as needed to help R9 remain free of skin breakdown and respect R9's dignity. R9 required extensive to total assistance of 1-2 staff with toileting needs.</p> <p>During an interview on 6/2/23 at 11:30 a.m., R9 stated "I put my light on because I need to use the bathroom. I can make it without having an accident in my brief if someone comes but if they do not come and I must wait I will go in my brief. I wait a half hour at minimum. I get upset because it goes through my pants and then I must still sit in my urine and wait for someone to come. I send my soiled clothes home for my husband to wash, and it is embarrassing. It makes me feel depressed when I don't get out of my room for a walk with my husband because we are waiting for someone to come help me to the bathroom for so long that I then need to be changed due to having an accident."</p>	21880	<p>DON or designee will complete interview audits at random on 10 residents per week x 4 weeks and 5 residents per week x 4 weeks in regards to the timeliness of call light response, ADL assistance and cares received. The facility put into place a review of the longest call response time for building to be reviewed 5x/week during clinical IDT.</p> <p>Audit findings will be presented to the facility's Quality Council by DON or designee. Results of monitoring shall be reported at the facility Quality Council meeting with ongoing frequency and duration to be determined through analysis and review of results.</p> <p>Compliance to be achieved by July 5th, 2022.</p>	
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Minnesota Department of Health

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21880	<p>Continued From page 6</p> <p>R9's 14-day call light report titled; Resident Incident Details Report dated from 5/19/23-6/1/23 indicated the following: 19 times with call light on over 30 minutes. 8 times with call light on over 45 minutes 10 times with call light on over one hour 2 times with call light on over one hour and half, and on 5/20/23 at 0:47 a.m., call light was on for duration of 1 hour and 46 minutes 5/24/23 at 11:44 a.m., call light was on for duration of 1 hour and 47 minutes 5/27/23 at 7:43 a.m., call light was on for duration of 1 hour and 47 minutes</p> <p>R7's quarterly MDS assessment dated 3/27/23, indicated R7 was cognitively intact. R7 needed extensive assistance from staff with bed mobility, dressing, toilet use, personal hygiene, and was totally dependent on staff for transfers. R7 was always occasionally incontinent of bowel and bladder.</p> <p>R7's care plan reviewed/revised 5/24/23, indicated R7 was able to communicate needs. Activities of daily living functional status indicated functional incontinence related to muscular weakness. R7 would verbally ask for assistance. R7 required extensive assistance of 1 staff and ceiling lift with toileting needs.</p> <p>R7's face sheet dated 6/2/23, indicated the following diagnoses: acquired absence of right leg below knee, acquired absence of left leg above knee, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, anxiety disorder and major depressive disorder.</p>	21880		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 935 KENWOOD AVENUE DULUTH, MN 55811
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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21880	<p>Continued From page 7</p> <p>During an interview on 6/1/23 at 12:05 p.m., R7 stated, "I have had to wait for an hour and a half for someone to come. I have had accidents in my pants due to my call light not being answered just this week. I need help using the urinal or I will make a mess and it gets all over and I feel embarrassed. I am not a baby, but I have to go to the bathroom in my pants because no one comes when I call with my light. I am resident counsel president, and we talk about this all the time in our meetings, we have had administration present for the meetings, and they are aware of our concerns, but nothing has been done or said to us about how they are going to help fix the problem."</p> <p>R7's 14-day call light report titled; Resident Incident Details Report dated from 5/19/23-6/1/23 indicated the following:</p> <p>5 times with call light was on over 30 minutes. 1 time with call light on over 45 minutes 3 times with call light on over one hour</p> <p>During the following 3rd floor observations: -on 6/1/23 at 12:26 p.m., the call light for room [number] had been on for 35 minutes. -6/1/23 at 12:33 p.m., the call light for room [number] had been on for 30 minutes. -6/1/23 at 2:16 p.m., the call light for room [number] had been on for 1 hour and 18 minutes.</p> <p>During an interview on 6/1/23 at 2:26 p.m., licensed practical nurse (LPN)- A stated 10-15 minutes is the longest we would want to see a call light on for. LPN-A was updated of the observed call light and verified room [number] call light had been on for a 1 hour and 28 minutes and is</p>	21880		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00861	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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21880	<p>Continued From page 8</p> <p>unacceptable.</p> <p>During the following call light observations on the 3rd floor:</p> <p>-6/2/23 at 6:56 a.m., room [number] had been on for 40 minutes.</p> <p>-6/2/23 at 11:44 a.m., room [number] had been on for 31 minutes.</p> <p>-6/2/23 at 11:48 a.m., room [number] had been on for 33 minutes.</p> <p>During an interview on 6/1/23 at 2:20 p.m., R11 stated at times they must wait for 2 hours before staff answer the call light. R11 indicated the staff would tell R11 not to feel bad if R11 had to go to the bathroom in their pants. Staff has told R11 it is okay because staff cannot come in time because they are busy.</p> <p>On 6/1/23 at 3:27 p.m., nursing assistant (NA)-A stated the longest they had seen a call light on for was an hour and a half. NA-A said it is hard when taking care of 7-8 people who need you all at once and you are the only one working the hallway. NA-A said some residents yell quite often about not getting to them in a timely manner. NA-A has had a few residents have bowel movements or have urinated on themselves a couple of times because staff could not get to them in time.</p> <p>On 6/1/23 at 5:38 p.m., LPN-B stated, "I have had residents complain about waiting too long to go to the bathroom and then having an accident and needing to be cleaned up, some of them feel humiliated."</p> <p>On 6/1/23 at 5:49 p.m., trained medication</p>	21880		
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Minnesota Department of Health

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21880	<p>Continued From page 9</p> <p>assistant (TMA)-A stated, "I have had continent residents have the call light on and tell me they had an accident before I could get to them a handful of times a week. Some of the residents get upset and cry because they were incontinent."</p> <p>On 6/1/23 at 5:58 p.m., NA-B stated, "residents that are continent have an accident at least once a week due to the call light not being answered fast enough."</p> <p>During an interview on 6/2/23 at 11:54 a.m., family member (F)-A stated, "This last Sunday when I got here the call light read it was going off for 1 hour and 40 minutes. When I went into her room there was urine and brown liquid all over the floor around R9's wheelchair. Once someone came in, they threw a pad on her wheelchair cushion and said they would wash it later. I have been here when R9 has had to wait up to 3 hours for someone to help her to the bathroom. We started going to resident council meetings and facility staff stated to call the nurses station if your call light does not get answered. We have contacted the ombudsman and they don't even get responses back from the facility."</p> <p>On 6/2/23 at 11:28 a.m., the ADON stated a call light should be answered within 3-5 minutes. We have staff that are of color and some of our residents refuse to let people of color care for them so they will wait and have accidents. We have had residents who need two staff to assist them with toileting and at the time the resident needs to use the bathroom we only have one staff member available so sometimes those residents will have accidents.</p> <p>On 6/2/23 at 2:44 p.m., the administrator stated a call light could be on up to 30 minutes, but the</p>	21880		

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21880	<p>Continued From page 10</p> <p>light needs to be answered as soon as possible. We have residents who do not like to work with specific staff so those call lights might be on longer, but it is expected as soon as staff are able the call light needs to be answered. Residents have brought to my attention about the call light wait times. The administrator verified there is an issue with call light wait times and has updated a few residents what the facility is working on to improve call light wait times.</p> <p>A facility policy titled Activities of Daily Living (ADL) dated 6/2021, indicated residents unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming, personal hygiene, elimination, communication, and mobility.</p> <p>A facility policy for call lights was requested not received.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing and or designee could assure residents grievances are listened to, acted upon and that results are reported back to the residents.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days.</p>	21880		
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