Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

June 5, 2026

Administrator
Benedictine Health Center
935 KENWOOD AVENUE
DULUTH, MN 55811

RE: CCN:245236
Cycle Start Date: May 27, 2026

Dear Administrator:

On May 27, 2026, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.

What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.

- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

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

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

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

DEPARTMENT CONTACT

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

Tina Larsen, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
St. Cloud District Office
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: Tina.Larsen@state.mn.us

Office: (320) 223-7374 Mobile: (320) 423-0619

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by August 27, 2026 (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 November 27, 2026 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: https://forms.web.health.state.mn.us/form/NHDisputeResolution

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will

not delay the dates specified for compliance or the imposition of remedies.
A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

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

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

Feel free to contact me if you have questions.

Sincerely,

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

Email: sarah.lane@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

June 5, 2026

Administrator
Benedictine Health Center
935 KENWOOD AVENUE
DULUTH, MN 55811

Re: State Nursing Home Licensing Orders
Event ID: 23385D-H1

Dear Administrator:

The above facility survey was completed on May 27, 2026 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

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

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

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

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

Tina Larsen, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
St. Cloud District Office
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: Tina.Larsen@state.mn.us

Office: (320) 223-7374 Mobile: (320) 423-0619

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

Please feel free to call me with any questions.

Sincerely,

Sarah Lane

Sarah Lane, Compliance Analyst

Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

Email: sarah.lane@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
July 2, 2026

Administrator
Benedictine Health Center
935 KENWOOD AVENUE
DULUTH, MN 55811

RE: CCN: 245236
Cycle Start Date: May 27, 2026

Dear Administrator:

On June 24, 2026, the Minnesota Department(s) of Health and Public Safety, 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,

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

Email: sarah.lane@state.mn.us

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July 2, 2026

Administrator
Benedictine Health Center
935 KENWOOD AVENUE
DULUTH, MN 55811

Re: Reinspection Results
Event ID: 23385D-H2

Dear Administrator:

On June 24, 2026 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 May 27, 2026. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

Email: sarah.lane@state.mn.us

An equal opportunity employer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245236	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Benedictine Health Center	**935 KENWOOD AVENUE , DULUTH, Minnesota, 55811**

(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
F0000	INITIAL COMMENTS On 5/27/26, an abbreviated survey was completed by a surveyor from the Minnesota Department of Health (MDH) to conduct a complaint investigation. Your facility was found NOT in compliance with the requirements of 42 CFR 483, Subpart B, the Requirements for Long Term Care Facilities. The following complaint was reviewed: H52362579C (3021863); non-compliance cited at F580. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to ensure that substantial compliance with the regulations has been attained.	F0000		06/05/2026
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or	F0580	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. The plan of correction is prepared and/or executed in accordance with federal and state law requirements. F580 Notify of Changes R1 was reviewed and no longer resides at facility. All current residents have been reviewed for a condition change from 5/7/2026 and providers have been notified as needed. The Change in Condition, Resident Examination and Evaluation Policy has been reviewed and remains appropriate.	06/15/2026

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 reverse for further 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245236	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/27/2026

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Benedictine Health Center	**935 KENWOOD AVENUE , DULUTH, Minnesota, 55811**

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F0580 SS = D	Continued from page 1 (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to ensure the medical provider was updated in a timely manner about worsening edema which needed additional nursing interventions to manage for 1 of 3 residents (R1) reviewed who had heart failure. R1 developed edema in their legs which caused the nurses to place Tubigrips (a compression-style device) on them, however, the medical provider was not immediately updated about this. Findings include: R1’s hospital Discharge Summary, dated 5/4/26, identified R1 had been treated for an acute condition	F0580	Continued from page 1 Education provided to all licensed nurses for notifying a provider of a change in condition including the need for treatment. Education to be provided by 6/15/2026, if staff are unable to attend, the staff will receive the training on, during or before their next shift. DON or designee will audit 3 residents on each floor for a condition change and proper provider notification for 6 weeks. 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. Compliance to be achieved by June 15, 2026	06/15/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245236	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/27/2026

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F0580 SS = D	Continued from page 2 of acute blood loss anemia, along with multiple other medical conditions including high blood pressure, chronic heart failure, atrial fibrillation (irregular heartbeat), and diabetes mellitus. R1 was discharged with a Foley catheter in place to the care center for short-term rehabilitation. R1's medications were listed which identified he consumed torsemide (a diuretic medication) 20 milligrams (mg) twice daily. R1's next appointment was scheduled for 5/8/26 with the provider. The section labeled, "Condition on Discharge," identified his vital signs which included a weight of 212.1 pounds (lbs), and a physical exam identified, "Mild pitting edema in BLE [both legs]." R1's progress notes, dated 5/4/26 to 5/9/26, identified the following information: On 5/4/26, R1 was admitted to the care center from the hospital. R1 was alert and oriented and recorded with, "HRIR [heart rate, irregular], trace edema BLE, +PP [pedal pulses] …" R1's lung sounds were clear, but he had shortness of breath at rest. On 5/7/26, R1 remained at the care center following hospitalization for anemia and heart failure. The note recorded, "Edema: Yes," with more dictation reading, "2-3 + to BLE." R1 did not have any obvious weight gain or loss, and the nurse wrote a nursing order for Tubigrips, and to elevate his affected extremities. The note was authored by registered nurse (RN)-C. On 5/8/26, R1 continued to have edema present which was recorded, "2-3 + to BLE." R1's Search Vitals Results, dated 5/4/26 to 5/8/26, identified R1's recorded daily weights collected at the care center. These were: 5/4/26 – 198.8 lbs 5/5/26 – 201.0 lbs 5/6/26 – 202.3 lbs 5/7/26 – 202.2 lbs 5/8/26 – 202.8 lbs R1's First Eldercare Admission Regulatory Visit note, dated 5/8/26, identified R1 was seen by the medical provider. R1 was identified to have heart failure and R1 stated he "is doing well today." R1 denied chest pain but acknowledged chronic shortness of breath ongoing. A physical exam was recorded which identified, "Extremities: … swelling	F0580		06/15/2026

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F0580 SS = D	Continued from page 3 of his [BLE].” The note did not address whether the Tubigrips were present or not. R1’s medical record lacked evidence that the medical provider was contacted on 5/7/26 about the increased edema despite the nursing staff deciding to implement a new treatment (i.e., the Tubigrips) to help reduce it and improve the condition. When interviewed on 5/27/26 at 12:46 p.m., licensed practical nurse (LPN)-A stated the care center often had patients with heart failure and the monitoring for each person depended on the specific physician orders they came with or had. LPN-A stated Tubigrips would sometimes be used to help control edema as they didn’t require a physician order to use. LPN-A stated the typical threshold for notification to the medical provider about heart failure or potential fluid overload was not based on edema but rather on their weight being elevated over a certain threshold (i.e., 3 lbs in 24 hours/5 lbs in a week) adding this was “a general rule.” LPN-A stated residents with edema should be monitored at least daily for the edema but there was “no specific order set” to record the monitoring being completed. LPN-A stated if edema was concerning, or if the medical provider was updated about it, that information should be written in a progress note. On 5/27/26 at 1:07 p.m., a telephone call was made to RN-C. A return call was received at 3:30 p.m., and RN-C recalled R1 as having increased edema in his legs on 5/7/26. RN-C stated R1 often did not like to lay down and was often up in his wheelchair so they thought adding Tubigrips would be helpful for the increased swelling. RN-C was asked when to notify the provider about increased edema and responded, “That is a good question.” RN-C explained the prompt to notify the provider was typically done off their weight status and not specifically for just increased edema. RN-C stated any notification to the provider would have been documented in the progress notes and expressed they did not recall placing a note for the physician or calling them on 5/7/26. RN-C reiterated they just felt the edema was from him sitting often and thought, “Let’s see how these [Tubigrips] work the next day or so.” RN-C stated if R1’s weight had been more drastically elevated along with the edema; it would have prompted an immediate telephone call to the provider. On 5/27/26 at 1:41 p.m., nurse practitioner (NP)-A stated they worked for the service R1 had been under while at the care center, however, they had not personally seen him so could not answer	F0580		06/15/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245236	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/27/2026

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F0580 SS = D	Continued from page 4 specific questions about his care. NP-A stated R1 remained in the hospital and discussed the current standard-of-care for heart failure is to do a daily weight and place the patient on a low sodium diet. NP-A stated it would be appropriate to update the provider at “the first sign” of increased swelling or edema as that was an indication “something is not right.” On 5/27/26 at 2:36 p.m., the director of nursing (DON) and registered nurse unit manager (RN)-B were interviewed. DON stated all nurses were aware to complete a daily check of edema for a patient with heart failure but, in general, edema was not specifically tracked in the medical record. If a nurse noticed increased swelling in the legs, then the nurse should review the previous charting to determine if the edema was “more or less” than previous shifts. RN-B explained a Tubigrip was “like a sleeve” and were able to be placed with a simple nursing order. DON verified the application of Tubigrips would be considered a form of treatment and felt the nurses could update the provider even simply as placing a note in their folder for the next rounds if the physician was scheduled to be there soon. However, if they were needed to be used for several days in a row, then a telephone call to the provider would be appropriate. RN-B stated they felt “immediate” notification to the provider would only be considered for “emergent” items or updates. DON and RN-B verified there was nothing recorded in the medical record to demonstrate the medical provider was contacted on 5/7/26 when the edema was identified as worse and a new form of treatment was started by the nurse. RN-B stated they felt “any increase” of edema should be relayed to the provider and added going from a ‘trace’ to 2-3+ of edema in a few days period was “on paper” a significant increase. A facility Change in Condition, Resident Examination and Evaluation policy, dated 11/2025, identified a resident examination and evaluation would be completed upon admission, with a change in physical function, or with an acute change of condition. The policy added, “When a significant change in the resident’s physical, mental, or psychosocial status is identified by the licensed nurse, or when there is a need to alter treatment significantly, the licensed nursing associate consults with the attending provider and [will] notify the resident/resident representative.” A procedure was listed which directed to contact the medical provider for abnormalities including changes in physical status from baseline and a need to alter treatment significantly. The notification was to be recorded in	F0580		06/15/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245236	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/27/2026

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F0580 SS = D	Continued from page 5 the medical record. However, the policy lacked any definitions on what was considered a need to alter treatment significantly or what the facility defined as ‘immediately.’	F0580		06/15/2026

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **05/27/2026**

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Benedictine Health Center	**935 KENWOOD AVENUE , DULUTH, Minnesota, 55811**

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20000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 5/27/26, a complaint survey was conducted at your facility by a surveyor from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed. The following complaint was reviewed: H52362579C (3021863); order issued at 0265.	20000		06/05/2026

Office of Primary Care and Health Systems Management

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **05/27/2026**

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20000	Continued from page 1 Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	20000		06/05/2026
20265	Notification of Chg in Resident Health Status CFR(s): MN Rule 4658.0085 A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for:	20265	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. The plan of correction is prepared and/or executed in accordance with federal and state law requirements. F580 Notify of Changes R1 was reviewed and no longer resides at facility.	06/15/2026

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20265	Continued from page 2 A. an accident involving the resident which results in injury and has the potential for requiring physician intervention; B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment; D. a decision to transfer or discharge the resident from the nursing home; or E. expected and unexpected resident deaths. This LICENSURE REQUIREMENT is NOT MET as evidenced by: F580 Based on interview and document review, the facility failed to ensure the medical provider was updated in a timely manner about worsening edema which needed additional nursing interventions to manage for 1 of 3 residents (R1) reviewed who had heart failure. R1 developed edema in their legs which caused the nurses to place Tubigrips (a compression-style device) on them, however, the medical provider was not immediately updated about this. Findings include: R1’s hospital Discharge Summary, dated 5/4/26, identified R1 had been treated for an acute condition of acute blood loss anemia, along with multiple other medical conditions including high blood pressure, chronic heart failure, atrial fibrillation (irregular heartbeat), and diabetes mellitus. R1 was discharged with a Foley catheter in place to the care center for short-term rehabilitation. R1’s medications were listed which identified he consumed torsemide (a diuretic medication) 20 milligrams (mg) twice daily. R1’s next appointment was scheduled for 5/8/26 with the provider. The section labeled, “Condition on Discharge,” identified his vital signs which included a weight of 212.1 pounds (lbs), and a physical exam	20265	Continued from page 2 All current residents have been reviewed for a condition change from 5/7/2026 and providers have been notified as needed. The Change in Condition, Resident Examination and Evaluation Policy has been reviewed and remains appropriate. Education provided to all licensed nurses for notifying a provider of a change in condition including the need for treatment. Education to be provided by 6/15/2026, if staff are unable to attend, the staff will receive the training on, during or before their next shift. DON or designee will audit 3 residents on each floor for a condition change and proper provider notification for 6 weeks. 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. Compliance to be achieved by June 15, 2026	06/15/2026

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20265	Continued from page 3 identified, “Mild pitting edema in BLE [both legs].” R1’s progress notes, dated 5/4/26 to 5/9/26, identified the following information: On 5/4/26, R1 was admitted to the care center from the hospital. R1 was alert and oriented and recorded with, “HRIR [heart rate, irregular], trace edema BLE, +PP [pedal pulses] …” R1’s lung sounds were clear, but he had shortness of breath at rest. On 5/7/26, R1 remained at the care center following hospitalization for anemia and heart failure. The note recorded, “Edema: Yes,” with more dictation reading, “2-3 + to BLE.” R1 did not have any obvious weight gain or loss, and the nurse wrote a nursing order for Tubigrips, and to elevate his affected extremities. The note was authored by registered nurse (RN)-C. On 5/8/26, R1 continued to have edema present which was recorded, “2-3 + to BLE.” R1’s Search Vitals Results, dated 5/4/26 to 5/8/26, identified R1’s recorded daily weights collected at the care center. These were: 5/4/26 – 198.8 lbs 5/5/26 – 201.0 lbs 5/6/26 – 202.3 lbs 5/7/26 – 202.2 lbs 5/8/26 – 202.8 lbs R1’s First Eldercare Admission Regulatory Visit note, dated 5/8/26, identified R1 was seen by the medical provider. R1 was identified to have heart failure and R1 stated he “is doing well today.” R1 denied chest pain but acknowledged chronic shortness of breath ongoing. A physical exam was recorded which identified, “Extremities: … swelling of his [BLE].” The note did not address whether the Tubigrips were present or not. R1’s medical record lacked evidence that the medical provider was contacted on 5/7/26 about the increased edema despite the nursing staff deciding to implement a new treatment (i.e., the Tubigrips) to help reduce it and improve the condition. When interviewed on 5/27/26 at 12:46 p.m., licensed practical nurse (LPN)-A stated the care center often had patients with heart failure and the monitoring for	20265		06/15/2026

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20265	Continued from page 4 each person depended on the specific physician orders they came with or had. LPN-A stated Tubigrips would sometimes be used to help control edema as they didn't require a physician order to use. LPN-A stated the typical threshold for notification to the medical provider about heart failure or potential fluid overload was not based on edema but rather on their weight being elevated over a certain threshold (i.e., 3 lbs in 24 hours/5 lbs in a week) adding this was "a general rule." LPN-A stated residents with edema should be monitored at least daily for the edema but there was "no specific order set" to record the monitoring being completed. LPN-A stated if edema was concerning, or if the medical provider was updated about it, that information should be written in a progress note. On 5/27/26 at 1:07 p.m., a telephone call was made to RN-C. A return call was received at 3:30 p.m., and RN-C recalled R1 as having increased edema in his legs on 5/7/26. RN-C stated R1 often did not like to lay down and was often up in his wheelchair so they thought adding Tubigrips would be helpful for the increased swelling. RN-C was asked when to notify the provider about increased edema and responded, "That is a good question." RN-C explained the prompt to notify the provider was typically done off their weight status and not specifically for just increased edema. RN-C stated any notification to the provider would have been documented in the progress notes and expressed they did not recall placing a note for the physician or calling them on 5/7/26. RN-C reiterated they just felt the edema was from him sitting often and thought, "Let's see how these [Tubigrips] work the next day or so." RN-C stated if R1's weight had been more drastically elevated along with the edema; it would have prompted an immediate telephone call to the provider. On 5/27/26 at 1:41 p.m., nurse practitioner (NP)-A stated they worked for the service R1 had been under while at the care center, however, they had not personally seen him so could not answer specific questions about his care. NP-A stated R1 remained in the hospital and discussed the current standard-of-care for heart failure is to do a daily weight and place the patient on a low sodium diet. NP-A stated it would be appropriate to update the provider at "the first sign" of increased swelling or edema as that was an indication "something is not right." On 5/27/26 at 2:36 p.m., the director of nursing (DON) and registered nurse unit manager (RN)-B were interviewed. DON stated all nurses were aware	20265		06/15/2026

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20265	Continued from page 5 to complete a daily check of edema for a patient with heart failure but, in general, edema was not specifically tracked in the medical record. If a nurse noticed increased swelling in the legs, then the nurse should review the previous charting to determine if the edema was “more or less” than previous shifts. RN-B explained a Tubigrip was “like a sleeve” and were able to be placed with a simple nursing order. DON verified the application of Tubigrips would be considered a form of treatment and felt the nurses could update the provider even simply as placing a note in their folder for the next rounds if the physician was scheduled to be there soon. However, if they were needed to be used for several days in a row, then a telephone call to the provider would be appropriate. RN-B stated they felt “immediate” notification to the provider would only be considered for “emergent” items or updates. DON and RN-B verified there was nothing recorded in the medical record to demonstrate the medical provider was contacted on 5/7/26 when the edema was identified as worse and a new form of treatment was started by the nurse. RN-B stated they felt “any increase” of edema should be relayed to the provider and added going from a ‘trace’ to 2-3+ of edema in a few days period was “on paper” a significant increase. A facility Change in Condition, Resident Examination and Evaluation policy, dated 11/2025, identified a resident examination and evaluation would be completed upon admission, with a change in physical function, or with an acute change of condition. The policy added, “When a significant change in the resident’s physical, mental, or psychosocial status is identified by the licensed nurse, or when there is a need to alter treatment significantly, the licensed nursing associate consults with the attending provider and [will] notify the resident/resident representative.” A procedure was listed which directed to contact the medical provider for abnormalities including changes in physical status from baseline and a need to alter treatment significantly. The notification was to be recorded in the medical record. However, the policy lacked any definitions on what was considered a need to alter treatment significantly or what the facility defined as ‘immediately.’ SUGGESTED METHOD OF CORRECTION: The director of nursing (DON), or designee, could review applicable policies and procedures about edema monitoring and physician notification; then educate direct care staff and audit to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: 21 Days	20265		06/15/2026