



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
January 19, 2024

Administrator
Benedictine Health Center
935 Kenwood Avenue
Duluth, MN 55811

RE: CCN: 245236
Cycle Start Date: December 20, 2023

Dear Administrator:

On December 20, 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.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

January 19, 2024

Administrator
Benedictine Health Center
935 Kenwood Avenue
Duluth, MN 55811

Re: Reinspection Results
Event ID: DFXP12

Dear Administrator:

On January 18, 2024 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 December 20, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 27, 2023

Administrator
Benedictine Health Center
935 Kenwood Avenue
Duluth, MN 55811

RE: CCN: 245236
Cycle Start Date: December 20, 2023

Dear Administrator:

On December 20, 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

December 27, 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:

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

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 March 20, 2024 (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 June 20, 2024 (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/lrc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Benedictine Health Center

December 27, 2023

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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive style with a distinct loop for the letter 'F'.

Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

Email: Kamala.Fiske-Downing@state.mn.us

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 12/20/2023
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 935 KENWOOD AVENUE DULUTH, MN 55811
--	---

(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 12/19/23 through 12/20/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed with NO deficiencies cited: H52367920C (MN00099235, MN00099329) H52368165C (MN00098119)</p> <p>AND</p> <p>The following complaints were reviewed: H52368164C (MN00098453) with a deficiency cited at F880. H52368183C (MN00099360) with a deficiency cited at F880.</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.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p>	F 880		1/10/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

01/05/2024

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2023
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F 880	<p>Continued From page 1</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation,</p>	F 880		

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F 880	<p>Continued From page 2</p> <p>depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure proper glove use and hand hygiene was performed during incontinence care for 1 of 4 (R3) residents reviewed for incontinence care.</p> <p>Findings include:</p> <p>R3's care plan revised 11/1/23 indicated R3 needed total assistance with personal hygiene.</p>	F 880	<p>F880 <input type="checkbox"/> Infection Prevention and Control</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. The plan of correction is prepared and/or executed in accordance with federal and</p>	

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F 880	<p>Continued From page 3</p> <p>On 12/19/23 at 1:06 p.m., trained medication aide (TMA)-A and nursing assistant (NA)-A were observed sanitizing hands and placing gloves on at R3's bedside. TMA-A opened R3's soiled incontinent brief and cleansed R3's peri-area. TMA-A turned R3 and NA-A cleansed R3's buttocks. N-A then removed R3's soiled incontinent brief. NA-A removed her soiled gloves, and without completing hand hygiene, donned clean gloves. NA-A then placed a clean incontinent brief under R3. TMA-A and NA-A removed their gloves and did not perform hand hygiene. NA-A turned R3 on her left side, and TMA-A placed a pillow under R3's under left arm, and under legs and neck. R3 was covered with a sheet and NA-A placed the call light under R3's left hand. At 1:17 p.m., TMA-A was observed leaving R3's room without completing hand hygiene. TMA-A went to the medication cart, drank out of a bottle which was on the medication cart, and dispensed medications without completing hand hygiene. TMA-A entered a room and gave a resident medications. TMA-A left the room and sanitized her hands. At 1:29 p.m., TMA-A stated, "I sanitize my hand after taking off my gloves every time."</p> <p>On 12/19/23 at 1:47 p.m., NA-A stated, "I do hand hygiene when I take my gloves off."</p> <p>On 12/20/23 at 10:01 a.m., with gloved hands, TMA-B and NA-B removed the straps on R3's incontinent brief. TMA-B cleansed R3's peri- area. NA-B turned R3 to her left side, and TMA-B cleansed R3's buttocks. TMA-B removed R3's soiled incontinent brief. TMA-B removed her soiled gloves, and without performing hand hygiene, donned clean gloves. TMA-B placed a clean</p>	F 880	<p>state law requirements.</p> <p>R3 has been reviewed and monitored for signs and symptoms of infection for 1 week with no adverse effects or signs or symptoms of infection.</p> <p>All other residents were reviewed for signs and symptoms of infection with no new findings. The infection control log from December 2023 to current have been reviewed for the spread of infection with no trends or related infections identified.</p> <p>The two staff (TMA-A/B and NA-A/B) have been identified and completed hand hygiene education and peri care competency. Hand Hygiene education and competency will be completed for all nursing staff on or before 1/10/24, if staff are unable to attend, the staff will receive the training on, during or before their next shift. Competency to be reviewed by DON or ICP for further education needed.</p> <p>The policy for hand hygiene has been reviewed and remains appropriate.</p> <p>DON or designee will audit hand hygiene of 10 nursing staff per week with 5 audits being glove use audits for 2 weeks, then 5 nursing staff hand hygiene audits per week for 4 weeks with 2 audits being glove use audits. 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</p>	

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 12/20/2023
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 880	<p>Continued From page 4</p> <p>incontinent brief on R3, removed her gloves and washed her hands. TMA-B stated, "Normally I would hand sanitize or use soap and water before putting new gloves on." NA-B stated, "I should have sanitized my hands but did not see hand sanitizer. Every time I remove my gloves, I should sanitize my hands."</p> <p>On 12/20/23 at 2:39 p.m., licensed practical nurse (LPN)-A stated if a staff member removed their soiled gloves, they should be doing hand hygiene before applying clean gloves or doing any other tasks.</p> <p>On 12/20/23 at 3:40 p.m., the administrator stated staff were expected to do hand hygiene whenever they were taking off their gloves.</p> <p>The facility policy Hand Hygiene dated 6/2017 directed hand hygiene should be performed before and after direct resident contact, before and after assisting with personal cares, and after removing gloves.</p>	F 880	<p>meeting with ongoing frequency and duration to be determined through analysis and review of results.</p> <p>Baseline compliance to be achieved by 1/10/2024.</p>	



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 27, 2023

Administrator
Benedictine Health Center
935 Kenwood Avenue
Duluth, MN 55811

Re: State Nursing Home Licensing Orders
Event ID: DFXP11

Dear Administrator:

The above facility was surveyed on December 19, 2023 through December 20, 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 the Suggested Method of Correction and the Time Period For Correction.

Benedictine Health Center

December 27, 2023

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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:

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

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

Please feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

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 12/20/2023
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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) COMPLETE DATE
2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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 12/19/23 through 12/20/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was not in compliance with the MN State Licensure, and the following licensing order was</p>	2 000		

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

TITLE

(X6) DATE
01/05/24

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 12/20/2023
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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) COMPLETE DATE
2 000	<p>Continued From page 1</p> <p>issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p> <p>The following complaints were reviewed with no deficiency issued. H52367920C (MN00099235, MN00099329) H52368165C (MN00098119)</p> <p>AND</p> <p>The following complaints were reviewed. H52368164C (MN00098453) with a licensing order issued at 4658.0800 Subp 1. H52368183C (MN00099360) with a licensing order issued at 4658.0800 Subp 1.</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/regulatio</p>	2 000		

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 12/20/2023
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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	Continued From page 2 n/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
21375	MN Rule 4658.0800 Subp. 1 Infection Control; Program Subpart 1. Infection control program. A nursing home must establish and maintain an infection control program designed to provide a safe and sanitary environment. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure proper glove use and hand hygiene was performed during incontinence care for 1 of 4 (R3) residents reviewed for incontinence care.	21375	F880 <input type="checkbox"/> Infection Prevention and Control This plan of correction constitutes the facility's credible allegation of compliance. Preparation and/or execution of this plan does not constitute admission or	1/10/24

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21375	<p>Continued From page 3</p> <p>Findings include:</p> <p>R3's care plan revised 11/1/23 indicated R3 needed total assistance with personal hygiene.</p> <p>On 12/19/23 at 1:06 p.m., trained medication aide (TMA)-A and nursing assistant (NA)-A were observed sanitizing hands and placing gloves on at R3's bedside. TMA-A opened R3's soiled incontinent brief and cleansed R3's peri-area. TMA-A turned R3 and NA-A cleansed R3's buttocks. N-A then removed R3's soiled incontinent brief. NA-A removed her soiled gloves, and without completing hand hygiene, donned clean gloves. NA-A then placed a clean incontinent brief under R3. TMA-A and NA-A removed their gloves and did not perform hand hygiene. NA-A turned R3 on her left side, and TMA-A placed a pillow under R3's under left arm, and under legs and neck. R3 was covered with a sheet and NA-A placed the call light under R3's left hand. At 1:17 p.m., TMA-A was observed leaving R3's room without completing hand hygiene. TMA-A went to the medication cart, drank out of a bottle which was on the medication cart, and dispensed medications without completing hand hygiene. TMA-A entered a room and gave a resident medications. TMA-A left the room and sanitized her hands. At 1:29 p.m., TMA-A stated, "I sanitize my hand after taking off my gloves every time."</p> <p>On 12/19/23 at 1:47 p.m., NA-A stated, "I do hand hygiene when I take my gloves off."</p> <p>On 12/20/23 at 10:01 a.m., with gloved hands, TMA-B and NA-B removed the straps on R3's incontinent brief. TMA-B cleansed R3's peri- area. NA-B turned R3 to her left side, and TMA-B</p>	21375	<p>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>R3 has been reviewed and monitored for signs and symptoms of infection for 1 week with no adverse effects or signs or symptoms of infection.</p> <p>All other residents were reviewed for signs and symptoms of infection with no new findings. The infection control log from December 2023 to current have been reviewed for the spread of infection with no trends or related infections identified.</p> <p>The two staff (TMA-A/B and NA-A/B) have been identified and completed hand hygiene education and peri care competency. Hand Hygiene education and competency will be completed for all nursing staff on or before 1/10/24, if staff are unable to attend, the staff will receive the training on, during or before their next shift. Competency to be reviewed by DON or ICP for further education needed.</p> <p>The policy for hand hygiene has been reviewed and remains appropriate.</p> <p>DON or designee will audit hand hygiene of 10 nursing staff per week with 5 audits being glove use audits for 2 weeks, then 5 nursing staff hand hygiene audits per week for 4 weeks with 2 audits being glove use</p>	

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21375	<p>Continued From page 4</p> <p>cleansed R3's buttocks. TMA-B removed R3's soiled incontinent brief. TMA-B removed her soiled gloves, and without performing hand hygiene, donned clean gloves. TMA-B placed a clean incontinent brief on R3, removed her gloves and washed her hands. TMA-B stated, "Normally I would hand sanitize or use soap and water before putting new gloves on." NA-B stated, "I should have sanitized my hands but did not see hand sanitizer. Every time I remove my gloves, I should sanitize my hands."</p> <p>On 12/20/23 at 2:39 p.m., licensed practical nurse (LPN)-A stated if a staff member removed their soiled gloves, they should be doing hand hygiene before applying clean gloves or doing any other tasks.</p> <p>On 12/20/23 at 3:40 p.m., the administrator stated staff were expected to do hand hygiene whenever they were taking off their gloves.</p> <p>The facility policy Hand Hygiene dated 6/2017 directed hand hygiene should be performed before and after direct resident contact, before and after assisting with personal cares, and after removing gloves.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review infection control policies and procedures, and provide education to staff basic infection control principles, including hand hygiene. The facility could conduct periodic audits of staff completing hand hygiene. The Quality Assurance Performance Improvement (QAPI) committee could monitor ongoing compliance.</p>	21375	<p>audits. 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>Baseline compliance to be achieved by 1/10/2024.</p>	

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21375	Continued From page 5 TIME FOR CORRECTION: Twenty-one (21) days.	21375		