Electronically Submitted
February 7, 2022

Administrator
Benedictine Health Center Of Minneapolis
618 East 17th Street
Minneapolis, MN 55404

RE: CCN: 245266
Cycle Start Date: January 24, 2022

Dear Administrator:

On January 24, 2022, survey was completed at your facility by the Minnesota Department of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted both substandard quality of care and immediate jeopardy to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J) whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On January 21, 2022, the situation of immediate jeopardy to potential health and safety cited at F693 was removed. However, continued non-compliance remains at the lower scope and severity of D.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS Region V Office for imposition: The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective February 22, 2022.

This Department is also recommending that CMS impose a civil money penalty (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 22, 2022, (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 22, 2022, (42 CFR 488.417 (b)).

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,292; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective January 24, 2022. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

SUBSTANDARD QUALITY OF CARE

Your facility's deficiencies with with one or more of the following: §483.10, Residents Rights, §483.12, Freedom from Abuse, Neglect, and Exploitation, §483.15, Quality of Life and §483.25, Quality of Care, 483.40 Behavioral Health Services, §483.45 Pharmacy Services, §483.70 Administration, or §483.80 Infection control has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) require that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. <u>If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.</u>

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at Sections 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Benedictine Health Center Of Minneapolis is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective January 24, 2022. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

DEPARTMENT CONTACT

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

Jamie Perell, Unit Supervisor
Metro B District Office
Licensing and Certification Program

Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: jamie.perell@state.mn.us
Office: (651) 245-8094

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 their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by July 24, 2022 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

APPEAL RIGHTS DENIAL OF PAYMENT

If you disagree with this action imposed on your facility, you or your legal representative may request a

hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201

A request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

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 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.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fike-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245266	A. BUILDING _____ B. WING _____	C 01/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE HEALTH CENTER OF MINNEAPOLIS	**618 EAST 17TH STREET MINNEAPOLIS, MN 55404**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 1/20/22, through 1/24/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5266102C (MN80276), with a deficiency issued at F693 The survey resulted in an Immediate Jeopardy (IJ) at F693 when R1 was noted to be lying flat in bed and covered in emesis while a tube feeding was actively running. R1 had trouble breathing and subsequently required hospitalization due to aspiration pneumonia which put R1 at risk for serious harm, impairment, or death. The administrator and director of nursing (DON) were notified of the IJ on 1/21/22, at 12:15 p.m. The IJ was removed on 1/21/22. The above findings constituted substandard quality of care, and an extended survey was conducted on 1/24/22. 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 validate that substantial compliance with the regulations has been attained.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/16/2022

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

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F 693 SS=J	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure the head of bed was elevated for 1 of 3 residents (R1) who utilized a tube feeding to meet their nutritional needs. This resulted in an immediate jeopardy (IJ) situation for R1 who had an emesis when left flat in bed, while their tube feeding was running, which lead to aspiration and subsequent hospitalization. The IJ began on 1/15/22, at 3:10 p.m. while R1 was found laying flat in bed and covered in emesis when her tube feeding was actively running and was subsequently hospitalized due to	F 693	F-693 Submission of this response and plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of fault by the facility, the Executive Director or any employees, agents or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation and submission of the plan of correction does not constitute	2/16/22

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F 693	Continued From page 2 an aspiration pneumonia. The administrator and director of nursing (DON) were notified of the IJ for R1 on 1/21/22, at 12:15 p.m. The IJ was removed on 1/21/22, after the facility had implemented an acceptable removal plan; however, non-compliance remained at D - isolated, scope and severity level, which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include: R1's quarterly Minimum Data Set (MDS), dated 6/17/21, identified R1 was in a persistent vegetative state (chronic state of brain dysfunction in which a person shows no signs of awareness), demonstrated no chronic pulmonary diseases (i.e., asthma, COPD) or respiratory failure, and required total assistance from staff to complete her activities of daily living (ADLs). Further, the MDS outlined R1 received her daily nutritional calories and fluids via a feeding. R1's Nutrition Assessment, dated 12/2/21, identified R1 was to receive nothing by mouth (NPO) and received a tube feeding of Glytrol (the brand of feeding) 70 milliliters (mL) an hour for 18 hours a day, along with scheduled water flushes, through a gastrostomy tube (g-tube; a tube inserted through the belly which provides nutrition directly to the stomach). R1's care plan, dated 12/16/21, directed staff to provide R1's tube feeding as ordered along with keeping the head of bed elevated as close to 30 degrees as possible; avoid elevation of greater than 30 degrees. Further, the care plan directed staff to assess R1 for signs of intolerance to the tube feeding which included abdominal distention,	F 693	an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction with ten (10) days of the receipt of the CMS 2567 form as a condition to participate in Title 18 and 19 Programs. This plan of correction is submitted as the facility□s credible allegation of compliance. During the complaint survey it was noted that the facility failed to ensure the head of bed was elevated for 1 of 3 residents (R1) who utilized a tube feeding to meet their nutritional needs. R1□s head of the bed was not elevated 30 degrees after cares were performed placing R1 at risk for aspiration and subsequent hospitalization. R1 returned to the community on 1-21-22 and received a full set of vitals for 48 hours and her medical status was reevaluated for any additional ongoing needs. This reevaluation determined that there were no additional measures needed in relation to her current plan of care. R1□s care plan was reviewed on 1-19-22. All residents who receive tube feedings have the potential to be affected. A visual audit was completed on 1-18-22 of all residents who receive tube feedings to ensure correct head of bed positioning.	

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F 693	Continued From page 3 decreased bowel sounds, vomiting, diarrhea, and constipation. A Nestle Health Science (the manufacturer of R1's feeding formula) Tube Feeding with A Pump guideline, dated 2014, identified "general guidelines" to be completed while using their formula with a pump. The section labeled, "Administration," directed, "Sit or lie with head elevated at least 30 degrees (about the height of two pillows) and remain in this position for 30 to 60 minutes after each feeding." However, R1's progress notes were reviewed and identified: On 1/15/22, at 10:42 p.m. R1 was discovered by licensed practical nurse (LPN)-A lying in bed with the head of bed (HOB) not elevated and flat. R1 had visible vomit on her person when discovered by LPN-A and was recorded as using her accessory muscles to breathe and had wheezing (high-pitched whistling sound made while breathing) and crackles (discontinuous adventitious lung sound) present on auscultation (using a stethoscope) of her lungs. On 1/16/22, at 4:10 a.m. a subsequent note identified R1 had a heart rate of 145 (normal range 60 - 100) and oxygen saturation of 88 percent on room air (normal range 95 percent or higher). R1 had continued wheezing and difficulty breathing. R1 was sent to the emergency room. R1's corresponding Emergency Department Stabilization Note, dated 1/16/22, identified R1 presented with worsening respiratory compromise and was found to have gurgling respirations with oxygen saturations in the low 90 (%) range while	F 693	New signage was located in their room to serve as a visual reminder to associates. Nursing staff (RN/LPN/NAR) received education regarding the proper placement of the bed prior to the start of their shift starting on 1-21-22 and ongoing until all RN/LPN/NAR□s have received the education. This was a read and sign education to which the associates signature verified acknowledgement and understanding of the training with an opportunity to ask questions as indicated on the roster disclaimer provided with the education. In addition, licensed nursing staff (RN/LPN) were assigned an educare module with competency test regarding tube feeding on 1-20-22. Notifications went out to all nursing staff by text messaging system to complete the written education; additionally, the nurses were assigned educare module on tube feedings. Communication regarding the required education was provided to nursing staff to complete and was posted by the time clock. This training covers reasons why someone would have a feeding tube, caring for a feeding tube (cleaning and dressing changes), how to administer, how to flush and how to monitor a feeding tube. The proper placement of the head of the bed is discussed multiple times in this course work. Nursing assistant□s worksheets were reviewed to reflect appropriate bed placement for residents receiving tube feeding. Staff have been educated to visually verify positioning of the head of the bed prior to leaving the room. The	

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F 693	Continued From page 4 on room air. R1's temperature was recorded as 100.6 degrees (F), her oxygen saturation was 94 percent (while on oxygen), and she had a heart rate of 132. The note outlined R1 was intubated, placed on a ventilator, and started on IV antibiotics. Further, R1's Intensive Care Unit (ICU) Transfer Note, dated 1/19/22, indicated R1 had been diagnosed with acute hypoxic (low blood oxygen) respiratory failure and sepsis (severe infection). R1 had not returned to the facility at the time of the abbreviated survey. On 1/20/22, at 9:00 a.m. the DON verified facility staff failed to elevate the head of R1's bed while she received a tube feeding (1/15/22) and had vomited. R1 was subsequently hospitalized. The DON further stated staff still needed to be educated on the position of the bed for residents who had tube feedings. When interviewed on 1/20/22, at 12:11 p.m. hospital registered nurse (RN)-B verified R1 was admitted to the hospital for hypoxia related to aspiration. R1 remained intubated due to respiratory failure and received IV antibiotics. During an interview on 1/20/22, at 1:00 p.m. LPN-B stated R1 received a tube feeding and was always to have the head of the bed elevated at least 30-degrees; however, LPN-B stated she became aware R1 had an emesis, and was flat in bed, at the end of her shift on 1/15/22. LPN-B described R1's head as being turned to the side and her clothing was soiled with a lot of emesis on her person. LPN-B stated she thought all staff needed to have education on proper positioning of a resident who received a tube feeding and	F 693	facility policy on tube feeding was reviewed and no changes were indicated. The facility Executive Director and/or designee have monitored the education and have ensured RN/LPN/NAR associates have been educated. The DON and/or designee will conduct on going head of the bed positioning audits to be done weekly x 2 months on those who receive tube feedings and all results will be reviewed in Quality Council with determination of continued need for audits. Date of Compliance: 2-16-22	

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F 693	Continued From page 5	F 693		

confirmed she had not received education since the incident occurred on 1/15/22.

During an interview on 1/20/22, at 3:00 p.m. LPN-A stated on 1/15/22, when doing rounds at 3:10 p.m., he found R1 lying flat in bed, with her head positioned to the right side, and was covered in vomit. The vomit was on R1's clothing and bedding to R1's right side. LPN-A stated R1's tube feeding was running and R1 did not have any additional emesis during his shift. R1 was monitored throughout the shift and did have wheezing and crackles heard in her lungs.

During an interview on 1/20/22, at 3:30 p.m. RN-A stated when she arrived for her shift on 1/15/22, at 11:00 p.m. R1, "did not look good." R1 was noted to be breathing heavier (outside of baseline), her mouth was open, she had facial grimacing, and appeared to be having difficulty breathing. R1 also appeared to be using her accessory muscles in her chest and abdomen to breathe. R1 was wheezing, had audible crackles, and also had a distended abdomen. RN-A stated she notified the on-call nurse practitioner (NP) and received an order to send R1 to the hospital.

During an interview on 1/20/22, at 1:37 p.m. nursing assistant (NA)-A stated R1 was able to open her eyes, but she was unable to communicate or move her own body. R1 was completely dependent on staff for all her cares and had a sign above her head which directed staff to always keep the head of R1's bed up at a 30-degree angle. NA-A stated she last checked on R1 around 1:30 p.m. on 1/15/22, when she checked and changed the resident. NA-A did not observe any episodes of vomiting.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245266	A. BUILDING _____ B. WING _____	C 01/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE HEALTH CENTER OF MINNEAPOLIS	**618 EAST 17TH STREET MINNEAPOLIS, MN 55404**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 693	Continued From page 6 During an interview on 1/22/22, at 10:02 a.m. the facility medical director stated it appeared very clear R1's respiratory failure was caused by aspiration after emesis which caused her to require intubation, pulmonary toileting (clearing airway), and treatment for aspiration pneumonia. Staff made a mistake by lying R1 flat in bed and leaving her in that position. The medical director further stated for most people, aspiration can be cleared by a resident, but when a resident was in a vegetative state it was difficult for a resident to do this. R1 was in a vegetative state and could not communicate concerns and could quickly go get worse. During an interview on 1/21/22, at 11:15 a.m. the hospital medical doctor stated R1 could have had a quick change related to aspiration. R1's respiratory failure was caused by aspiration which required intubation. R1 remained hypoxic and would need to remain intubated for a few days. During an interview on 1/21/22, at 10:40 a.m. the DON confirmed the facility failed to provide proper positioning for R1 who was on a tube feeding. R1 was found in bed in the flat position, had a emesis, and required hospitalization. All direct care staff needed to have education on positioning of residents with tube feedings and keeping residents head of bed up at a 30-degree angle. The facility's policy titled Enteral Feeding dated 12/02, indicated staff would leave the resident in a safe and comfortable semi-fowlers position (bed angle 30 to 45-degrees). A systemic removal plan was approved on 1/24/22, however, the IJ which began on 1/15/22,	F 693		

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F 693	Continued From page 7 at 3:10 p.m. was removed on 1/21/22, after survey entrance, when the facility implemented appropriate corrective actions which included: - Nursing assistant care guides were updated to reflect appropriate bed placement for residents with tube feedings on 1/21/22. - The facility educated direct nursing staff, currently working at the facility, on the proper placement of a resident's bed during a tube feeding on 1/21/22. Four RN's and four NA's were interviewed and verified they received an understood education related to resident positioning who were administered tube feedings. - Staff were not working were notified education must be completed prior to their next scheduled shift on 1/21/22. - The facility reviewed policies and procedures related to tube feedings on 1/21/22.	F 693		

Electronically delivered
February 7, 2022

Administrator
Benedictine Health Center Of Minneapolis
618 East 17th Street
Minneapolis, MN 55404

Re: State Nursing Home Licensing Orders
Event ID: VCLS11

Dear Administrator:

The above facility was surveyed on January 20, 2022 through January 24, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is 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:

Jamie Perell, Unit Supervisor
Metro B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: jamie.perell@state.mn.us
Office: (651) 245-8094

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

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

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program

Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00960	A. BUILDING: _____ B. WING _____	C 01/24/2022

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BENEDICTINE HEALTH CENTER OF MINNEAP	**618 EAST 17TH STREET MINNEAPOLIS, MN 55404**

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2 000	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 1/20/22, to 1/24/22 a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.	2 000		

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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H5266102C (MN80276), with a licensing order issued at 4658.0525 Subp. 7. 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 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 <https://www.health.state.mn.us/facilities/regulation/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	2 000		

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2 000	Continued From page 2 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		
2 930	MN Rule 4658.0525 Subp. 7 B. Rehab - Nasogastric, Gastrostomy tubes Subp. 7. Nasogastric tubes, gastrostomy tubes, and feeding syringes. Based on the comprehensive resident assessment, a nursing home must ensure that: B. a resident who is fed by a nasogastric or gastrostomy tube or feeding syringe receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal feeding function. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure the head of bed was elevated for 1 of 3 residents (R1) who utilized a tube feeding to meet their nutritional needs. This resulted in an immediate jeopardy (IJ) situation for R1 who had an emesis when left flat in bed, while their tube feeding was running, which lead to aspiration and subsequent hospitalization. The IJ began on 1/15/22, at 3:10 p.m. while R1	2 930	Corrected	2/16/22

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2 930	Continued From page 3 was found laying flat in bed and covered in emesis when her tube feeding was actively running and was subsequently hospitalized due to an aspiration pneumonia. The administrator and director of nursing (DON) were notified of the IJ for R1 on 1/21/22, at 12:15 p.m. The IJ was removed on 1/21/22, after the facility had implemented an acceptable removal plan; however, non-compliance remained at D - isolated, scope and severity level, which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include: R1's quarterly Minimum Data Set (MDS), dated 6/17/21, identified R1 was in a persistent vegetative state (chronic state of brain dysfunction in which a person shows no signs of awareness), demonstrated no chronic pulmonary diseases (i.e., asthma, COPD) or respiratory failure, and required total assistance from staff to complete her activities of daily living (ADLs). Further, the MDS outlined R1 received her daily nutritional calories and fluids via a feeding. R1's Nutrition Assessment, dated 12/2/21, identified R1 was to receive nothing by mouth (NPO) and received a tube feeding of Glytrol (the brand of feeding) 70 milliliters (mL) an hour for 18 hours a day, along with scheduled water flushes, through a gastrostomy tube (g-tube; a tube inserted through the belly which provides nutrition directly to the stomach). R1's care plan, dated 12/16/21, directed staff to provide R1's tube feeding as ordered along with keeping the head of bed elevated as close to 30 degrees as possible; avoid elevation of greater than 30 degrees. Further, the care plan directed	2 930		

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2 930	Continued From page 4 staff to assess R1 for signs of intolerance to the tube feeding which included abdominal distention, decreased bowel sounds, vomiting, diarrhea, and constipation. A Nestle Health Science (the manufacturer of R1's feeding formula) Tube Feeding with A Pump guideline, dated 2014, identified "general guidelines" to be completed while using their formula with a pump. The section labeled, "Administration," directed, "Sit or lie with head elevated at least 30 degrees (about the height of two pillows) and remain in this position for 30 to 60 minutes after each feeding." However, R1's progress notes were reviewed and identified: On 1/15/22, at 10:42 p.m. R1 was discovered by licensed practical nurse (LPN)-A lying in bed with the head of bed (HOB) not elevated and flat. R1 had visible vomit on her person when discovered by LPN-A and was recorded as using her accessory muscles to breathe and had wheezing (high-pitched whistling sound made while breathing) and crackles (discontinuous adventitious lung sound) present on auscultation (using a stethoscope) of her lungs. On 1/16/22, at 4:10 a.m. a subsequent note identified R1 had a heart rate of 145 (normal range 60 - 100) and oxygen saturation of 88 percent on room air (normal range 95 percent or higher). R1 had continued wheezing and difficulty breathing. R1 was sent to the emergency room. R1's corresponding Emergency Department Stabilization Note, dated 1/16/22, identified R1 presented with worsening respiratory compromise and was found to have gurgling respirations with	2 930		

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2 930	Continued From page 5 oxygen saturations in the low 90 (%) range while on room air. R1's temperature was recorded as 100.6 degrees (F), her oxygen saturation was 94 percent (while on oxygen), and she had a heart rate of 132. The note outlined R1 was intubated, placed on a ventilator, and started on IV antibiotics. Further, R1's Intensive Care Unit (ICU) Transfer Note, dated 1/19/22, indicated R1 had been diagnosed with acute hypoxic (low blood oxygen) respiratory failure and sepsis (severe infection). R1 had not returned to the facility at the time of the abbreviated survey. On 1/20/22, at 9:00 a.m. the DON verified facility staff failed to elevate the head of R1's bed while she received a tube feeding (1/15/22) and had vomited. R1 was subsequently hospitalized. The DON further stated staff still needed to be educated on the position of the bed for residents who had tube feedings. When interviewed on 1/20/22, at 12:11 p.m. hospital registered nurse (RN)-B verified R1 was admitted to the hospital for hypoxia related to aspiration. R1 remained intubated due to respiratory failure and received IV antibiotics. During an interview on 1/20/22, at 1:00 p.m. LPN-B stated R1 received a tube feeding and was always to have the head of the bed elevated at least 30-degrees; however, LPN-B stated she became aware R1 had an emesis, and was flat in bed, at the end of her shift on 1/15/22. LPN-B described R1's head as being turned to the side and her clothing was soiled with a lot of emesis on her person. LPN-B stated she thought all staff needed to have education on proper positioning of a resident who received a tube feeding and	2 930		

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2 930	Continued From page 6 confirmed she had not received education since the incident occurred on 1/15/22. During an interview on 1/20/22, at 3:00 p.m. LPN-A stated on 1/15/22, when doing rounds at 3:10 p.m., he found R1 lying flat in bed, with her head positioned to the right side, and was covered in vomit. The vomit was on R1's clothing and bedding to R1's right side. LPN-A stated R1's tube feeding was running and R1 did not have any additional emesis during his shift. R1 was monitored throughout the shift and did have wheezing and crackles heard in her lungs. During an interview on 1/20/22, at 3:30 p.m. RN-A stated when she arrived for her shift on 1/15/22, at 11:00 p.m. R1, "did not look good." R1 was noted to be breathing heavier (outside of baseline), her mouth was open, she had facial grimacing, and appeared to be having difficulty breathing. R1 also appeared to be using her accessory muscles in her chest and abdomen to breathe. R1 was wheezing, had audible crackles, and also had a distended abdomen. RN-A stated she notified the on-call nurse practitioner (NP) and received an order to send R1 to the hospital. During an interview on 1/20/22, at 1:37 p.m. nursing assistant (NA)-A stated R1 was able to open her eyes, but she was unable to communicate or move her own body. R1 was completely dependent on staff for all her cares and had a sign above her head which directed staff to always keep the head of R1's bed up at a 30-degree angle. NA-A stated she last checked on R1 around 1:30 p.m. on 1/15/22, when she checked and changed the resident. NA-A did not observe any episodes of vomiting. During an interview on 1/22/22, at 10:02 a.m. the	2 930		

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2 930	Continued From page 7 facility medical director stated it appeared very clear R1's respiratory failure was caused by aspiration after emesis which caused her to require intubation, pulmonary toileting (clearing airway), and treatment for aspiration pneumonia. Staff made a mistake by lying R1 flat in bed and leaving her in that position. The medical director further stated for most people, aspiration can be cleared by a resident, but when a resident was in a vegetative state it was difficult for a resident to do this. R1 was in a vegetative state and could not communicate concerns and could quickly go get worse. During an interview on 1/21/22, at 11:15 a.m. the hospital medical doctor stated R1 could have had a quick change related to aspiration. R1's respiratory failure was caused by aspiration which required intubation. R1 remained hypoxic and would need to remain intubated for a few days. During an interview on 1/21/22, at 10:40 a.m. the DON confirmed the facility failed to provide proper positioning for R1 who was on a tube feeding. R1 was found in bed in the flat position, had a emesis, and required hospitalization. All direct care staff needed to have education on positioning of residents with tube feedings and keeping residents head of bed up at a 30-degree angle. The facility's policy titled Enteral Feeding dated 12/02, indicated staff would leave the resident in a safe and comfortable semi-fowlers position (bed angle 30 to 45-degrees). A systemic removal plan was approved on 1/24/22, however, the IJ which began on 1/15/22, at 3:10 p.m. was removed on 1/21/22, after survey entrance, when the facility implemented	2 930		

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2 930	Continued From page 8 appropriate corrective actions which included: - Nursing assistant care guides were updated to reflect appropriate bed placement for residents with tube feedings on 1/21/22. - The facility educated direct nursing staff, currently working at the facility, on the proper placement of a resident's bed during a tube feeding on 1/21/22. Four RN's and four NA's were interviewed and verified they received an understood education related to resident positioning who were administered tube feedings. - Staff were not working were notified education must be completed prior to their next scheduled shift on 1/21/22. - The facility reviewed policies and procedures related to tube feedings on 1/21/22. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON), or designee, could develop, review, and/or revise policies and procedures to ensure residents with tube feedings are properly positioned. The DON, or designee, could then educate all appropriate staff on the policies and procedures and develop monitoring systems to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 930		