



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
November 22, 2024

Administrator  
Benedictine Health Center Innsbruck  
1101 Black Oak Drive  
New Brighton, MN 55112

RE: CCN: 245310  
Cycle Start Date: November 8, 2024

Dear Administrator:

On November 8, 2024, 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 immediate jeopardy (Level J),

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

#### REMOVAL OF IMMEDIATE JEOPARDY

On November 5, 2024, the situation of immediate jeopardy to potential health and safety cited at F805 was removed.

#### 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(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Civil money penalty, (42 CFR 488.430 through 488.444).

You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

#### 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

Benedictine Health Center Innsbruck

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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 \$12,924; 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 may be prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective November 8, 2024. 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.

The CMS location may notify you of their determination regarding any imposed remedies.

#### 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 an "E" tag), i.e., the plan of correction should be directed to:

Terri Ament, Regional Operations Supervisor, Rapid Response  
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](mailto:teresa.ament@state.mn.us)  
Office: (218) 302-6151 Mobile: (218) 766-2720

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

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:

[Steven.Delich@cms.hhs.gov](mailto:Steven.Delich@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  
202-795-7490

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 Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to [Steven.Delich@cms.hhs.gov](mailto:Steven.Delich@cms.hhs.gov).

#### 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](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

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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,

A handwritten signature in black ink, appearing to read "M. Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)

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

PRINTED: 11/22/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENEDICTINE HEALTH CENTER INNSBRUCK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1101 BLACK OAK DRIVE</b> <b>NEW BRIGHTON, MN 55112</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>On 11/7/24 through 11/8/24, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed: H53101206C (MN00108091) H53101207C (MN00108088) with a deficiency issued at F805 at PAST NON-COMPLIANCE.</p> <p>Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.</p>	F 000		
F 805 SS=J	<p><b>Food in Form to Meet Individual Needs</b> CFR(s): 483.60(d)(3)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to follow physician orders to provide a resident nothing by mouth for 1 of 5 residents (R1) reviewed for diet orders. This resulted in an immediate jeopardy (IJ) for R1 when he was provided with a pastry, orange juice and coffee by staff, and later became hypoxic and was sent to the hospital. The facility implemented corrective action prior to the investigation so the deficiency</p>	F 805	<p>Past noncompliance: no plan of correction required.</p>	

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

TITLE

(X6) DATE

Electronically Signed

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 805	<p>Continued From page 1 was issued at Past Noncompliance.</p> <p>The IJ began on 11/4/24 at 8:45 a.m. when nursing assistant (NA)-A provided R1 with a pastry, orange juice and coffee. The administrator and director of nursing (DON) were notified of the IJ on 11/8/24 at 2:48 p.m. The facility implemented corrective action on 11/5/24, prior to the start of the survey and was therefore Past Noncompliance.</p> <p>Findings include:</p> <p>R1's Face Sheet dated 11/1/24 indicated R1's diagnoses included acute respiratory failure and pneumonitis (inflammation of the lung tissue).</p> <p>R1's care plan dated 11/2/24 indicated R1 was at risk for aspiration (when something swallowed enters the airway or lungs), and directed tube feedings for nutrition. The care plan also indicated R1 had dementia and cognitive loss.</p> <p>R1's Physician Order dated 11/1/24, directed nothing to eat or drink by mouth, no food, no water, no ice chips.</p> <p>On 11/4/24 at 8:45 a.m., a progress note indicated R1 was served 120 cubic centimeters (cc) of coffee, 60 cc of orange juice, and one Danish pastry. Staff removed the remainder of the food and assisted the R1 to his room. R1's provider and family were notified.</p> <p>On 11/4/24 at 10:27 a.m., a progress note indicated R1 had large amount of emesis on his bathroom floor.</p> <p>On 11/4/24 at 10:27 p.m., a late entry progress</p>	F 805		

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F 805	<p>Continued From page 2</p> <p>note indicated at 6:26 p.m. R1 was unresponsive, he had crackles in his lungs, an elevated heart rate of 112/minute, low oxygen saturation level of 84% on room air. Oxygen at 4 liters/nasal cannula was initiated and 911 was called at 6:10 p.m. R1 was admitted to the hospital for pneumonia.</p> <p>On 11/4/24 a hospital note indicated R1 was admitted for probable recurrent aspiration pneumonia and acute hypoxia respiratory failure. R1 remained hospitalized.</p> <p>On 11/7/24 at 12:10 p.m. NA-A stated she served R1 a pastry, coffee, and orange juice on 11/4/24. She did not realize R1 was NPO until a coworker informed her. She immediately informed registered nurse (RN)-A who instructed her to remove the food from R1.</p> <p>On 11/7/24 at 1:15 p.m., RN-A stated she was responsible for the care plans and NA assignment sheets upon resident admission. She became aware R1 was served food on 11/4/24 around 8:45 a.m. when NA-A told her. She assessed R1's his lung sounds, which were clear at that time, and updated the nurse practitioner (NP)-A. At approximately 10:30 a.m., R1 began coughing, and had an emesis on his bathroom floor. She assessed his lung sounds which had crackles (can indicate fluid in lungs) and updated R1's physician who ordered a chest x-ray. RN-A stated NA-A should have checked the care plan prior to providing R1 with food.</p> <p>On 11/8/24 at 9:56 am. NP-A stated on 11/4/24, he was informed R1 received food and drink by mouth. R1 should not have received food or fluids by mouth, and this could have led to aspiration</p>	F 805		

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F 805	<p>Continued From page 3 pneumonia.</p> <p>On 11/8/24, the director of nursing (DON) stated all staff were given the assignment sheets and were expected to check the assignment sheet to determine a resident's diet plan.</p> <p>The facility policy Diet Orders dated 2012, directed each resident will receive and consume foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician and/or assessed by the interdisciplinary team to support the treatment and plan of care.</p> <p>The past noncompliance immediate jeopardy began on 11/4/24. The immediate jeopardy was removed and the deficient practice was corrected by 11/5/24, after the facility implemented a systemic plan that included the following actions: Education to all staff regarding dietary orders, a review of dietary policy and procedure, audits on all residents to ensure those with NPO status did not receive anything by mouth, and those residents on special textured diets received the proper diet texture foods. Verification of the correction action was confirmed by observation, interview and document review on 11/7/24 and 11/8/24.</p>	F 805		



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Electronically delivered

November 22, 2024

Administrator  
Benedictine Health Center Innsbruck  
1101 Black Oak Drive  
New Brighton, MN 55112

Re: Event ID: V97111

Dear Administrator:

The above facility survey was completed on November 8, 2024 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 no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00940</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/08/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BENEDICTINE HEALTH CENTER INNSBRUCK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1101 BLACK OAK DRIVE NEW BRIGHTON, MN 55112</b>
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2 000	<p><b>Initial Comments</b></p> <p style="text-align: center;"><b>*****ATTENTION*****</b></p> <p style="text-align: center;"><b>NH LICENSING CORRECTION ORDER</b></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><b>INITIAL COMMENTS:</b> On 11/7/24 through 11/8/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were reviewed: H53101206C (MN00108091)</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00940</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/08/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BENEDICTINE HEALTH CENTER INNSBRUCK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1101 BLACK OAK DRIVE NEW BRIGHTON, MN 55112</b>
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2 000	<p>Continued From page 1</p> <p>H53101207C (MN00108088) Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		