



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 31, 2026

Administrator
BENEDICTINE HEALTH CENTER INNSBRUCK
1101 BLACK OAK DRIVE
NEW BRIGHTON, MN 55112

RE: CCN: 245310

Cycle Start Date: June 25, 2026

Dear Administrator:

On August 3, 2026, we notified you a remedy was imposed. On August 18, 2026 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of August 10, 2026.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective September 25, 2026 did not go into effect. (42 CFR 488.417 (b))

In our letter of August 3, 2026, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 25, 2026 due to denial of payment for new admissions. Since your facility attained substantial compliance on August 10, 2026, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 8, 2026

Administrator
BENEDICTINE HEALTH CENTER INNSBRUCK
1101 BLACK OAK DRIVE
NEW BRIGHTON, MN 55112

RE: CCN:245310
Cycle Start Date: June 25, 2026

Dear Administrator:

On June 25, 2026, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

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

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

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

DEPARTMENT CONTACT

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

**Annette Winters, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558**

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 September 25, 2026 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by December 25, 2026 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social

Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR)

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

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

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

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

Feel free to contact me if you have questions.

Sincerely,



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



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July 8, 2026

Administrator

BENEDICTINE HEALTH CENTER INNSBRUCK
1101 BLACK OAK DRIVE
NEW BRIGHTON, MN 55112

Re: Event ID: 2371AF-H1

Dear Administrator:

The above facility survey was completed on June 25, 2026 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted 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 'M. Poepping', with a stylized, cursive script.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245310		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/25/2026	
NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER INNSBRUCK				STREET ADDRESS, CITY, STATE, ZIP CODE 1101 BLACK OAK DRIVE , NEW BRIGHTON, Minnesota, 55112			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	INITIAL COMMENTS On 6/24/26 through 6/25/26, 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. The following complaints were reviewed. H53103016C(3051395) with a deficiency issued at F646 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.			F0000			07/25/2026
F0646 SS = D	MD/ID Significant Change Notification CFR(s): 483.20(k)(4) §483.20(k)(4) A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has mental illness or intellectual disability for resident review. This REQUIREMENT is NOT MET as evidenced by: Based on interview and documentation review the facility failed to notify the medical provider of a change of condition for 1 of 3 residents (R1) reviewed when R1 reported to the nurse she was not eating or drinking because “it hurts my intestine and rectum,” and she had loose stools, staff notified the provider three days later.			F0646	Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truths or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed in accordance with federal and state law requirements. R1 was immediately evaluated by the nurse practitioner and the facility Director of Nursing on 6/25/26. R1 was transferred to the emergency room the same day for further evaluation of rectal pain, loose stool, and weakness. R1 was diagnosed with a rectal wound abscess. R1 family were notified of the change in condition per policy. The Director of Nursing (DON) or designee will		07/25/2026

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245310		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/25/2026	
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F0646 SS = D	Continued from page 1 Findings include: R1's annual Minimum Data Sheet (MDS) dated 4/14/26, indicated she had no cognitive impairment, behaviors, or rejection of care. She used a walker independently and continent of bowel and urine. She did not have a risk for skin impairment or wounds. Her care areas triggered activities of daily living (ADLs), and nutrition. R1's care plan dated 6/2/26, indicated she had pain from her left knee, decreased strength, needed staff to help with daily hygiene, and a fall risk. She was continent of bowel and bladder. RN-A's nursing progress note dated 6/14/26 at 11:08 p.m., indicated R1 told her she had loose stool since Friday (3 days earlier.) She did not tell nursing staff prior. RN-A offered Imodium (medication to treat loose stool), but she declined. RN-A indicated staff would update the provider on 6/15/26, and her vital signs were stable. R1's medical record indicated there were no progress notes dated 6/15/26. RN-D's nursing progress note dated 6/16/26 at 11:48 a.m., indicated R1 had loose stool on the night shift, but none at the time of her assessment. R1 stated "I don't want to eat because it hurts my intestine and rectum." RN-D's intervention indicated staff would continue to monitor R1's status. RN-C's nursing progress note dated 6/17/26 at 11:35 a.m., indicated she updated the medical provider triage nurse about R1's complaint of loose stool, weakness, and rectal pain. RN-B's nursing progress note dated 6/17/26 at 12:28 p.m., indicated R1 complained of continuous rectal burning and pain. The pain worsened with activity. R1 stated her stool was black, and "very" loose. She stopped eating food for the past few days because when she ate anything, she would have increased stool and worsening pain. The nurse practitioner (NP)-A called back with an order for Imodium.			F0646	Continued from page 1 conduct a facility-wide audit of nursing progress notes, 24-hour reports, and change-of-condition / event logs from the past 30 days to identify any resident who reported new or worsening symptom that was not followed by documented assessment, timely provider notification, and family notification as applicable. Residents with a change in condition were reviewed, assessed, and addressed in accordance with the facility's Change in Condition Policy. The facility's change in condition policy was reviewed and remains Current. All licensed nursing staff to completed mandatory in-service education on the change of condition policy, proper use of SBAR communication, and the requirement on document and escalate resident-reported symptoms. New hire orientation and annual competency validation were updated to include this content going forward. The DON or designee will audit a sample of 10 nursing progress notes and change-of-condition/event log entries per week for four consecutive weeks to verify timely assessment, provider notification, and family notification following a resident-reported change in condition, then conducts monthly audits for two additional months. Audit results, including any identified concerns and corrective actions taken, are reported to the facility's Quality Assurance and Performance Improvement (QAPI) Committee. The QAPI Committee will determine whether continued monitoring, additional education, or further systemic changes are warranted based on audit findings. The Administrator and DON are responsible for ensuring ongoing compliance with this plan of correction. Completion Date: 7/25/2026		07/25/2026

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F0646 SS = D	Continued from page 2 NP-A's encounter note dated 6/18/26, indicated R1 had buttock pain and was unable to sit up. She found "localized buttock soft tissue inflammation without exam" and was concerned about cellulitis. Her plan was for staff to give Imodium as needed for loose stool, encourage food and fluids and if her condition did not improve staff should send her to the emergency room for an evaluation. RN-C's nursing progress note dated 6/18/26 at 1:15 p.m., indicated R1 continued to have unrelieved rectal pain, loose stool, weakness, short of breath, and anything she ate or drank passed right through her leading to increased pain. She was sent to the emergency room for evaluation. R1's facility event document dated 6/18/26 at 2:42 p.m., indicated on 6/12/26, she developed loose stool, rectal pain, weakness with shortness of breath. During an interview on 6/24/26 at 8:47 p.m., family member (FM)-A stated R1 complained about butt pain. She received a text message from R1 on 6/14/26 at 8:47 p.m., indicating she had been sick since Friday and if she did not improve, she would call 911. She was unable to eat because the food "ran right through" her. On 6/15/26 at 1:28 p.m. R1 indicated the staff were doing nothing but offering her Imodium but she declined because it would only make the loose stool worse. R1 added my "rectum was on fire" she was unable to sit on the edge of her bed. She felt the staff were doing nothing to help her. She tried to get ahold of someone at the facility, but no one answered or returned her phone call. During an interview on 6/24/26 at 2:14 p.m., R1 stated she did not feel good over the weekend. When the nurse came into her room, she asked her what the facility's "protocol" was when a resident was unable to eat or sit up. The nurse did not listen to her. While she took a shower, she could feel the rectal inflammation, but the evening nurse did not say anything. When the NP-A examined her the next day she was told the medical doctor would see her on Monday (four days later.) The hospital found a rectal wound infection, and it spread to her blood. She told the staff what was going on but all they told her was to eat and drink fluids and take Imodium. She said the staff did not listen to her			F0646			07/25/2026

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F0646 SS = D	Continued from page 3 concerns and felt like she was talking to the wall. She told the nurse on 6/17/26, she felt pressure on the inside of her rectum. During an interview on 6/24/26 at 4:00 p.m., RN-B stated earlier in the shift she noticed R1 was not up walking in the hallway. She checked in on her and found her lying in bed talking on her phone. R1 told her she had internal rectal pain, and every time she tried to eat food the loose stool would worsen causing her more pain. R1 declined an examination because the pain was internal not external. She updated RN-C. She received an order from the NP-A for Imodium, and she would visit R1 in the morning. During an interview on 6/24/26 at 4:36 p.m., RN-C stated she first learned about R1's loose stool on 6/15/26, when she returned to work. She spoke with R1 who told her the stool had stopped that morning. On 6/16/26, she was notified R1 stopped eating because it worsened her loose stool, but she did take some yogurt. On 6/17/26, RN-B told her R1 continued to have loose stool, and internal rectal pain. She called the provider's triage nurse. She added, the staff on 6/15/26, should have assessed her status and notified the NP of their findings. During an interview on 6/24/26 at 4:53 p.m., RN-D stated he assessed R1 on 6/16/26, and was told the loose stool had stopped. He checked her vital signs and encouraged her to eat and drink fluids. He did not update the provider because the loose stool stopped, and her pain was related to eating. He reported his findings to the next shift nurse. During an interview on 6/24/26 at 5:07 p.m., the director of nursing (DON) stated if R1 told her daughter she was having severe pain her daughter should have called the facility. If R1 was concerned about her care at the facility she could have spoken to the social worker because she made her own decisions and had no cognitive impairment. When NP-A examined her on 6/18/26, she left the building without talking to the staff or writing down any orders. When the staff reviewed her visit note later that day, they found staff should send R1 to the hospital if her condition worsened. He checked on R1 in the afternoon on 6/18/26, and asked R1 what NP-A told her. She replied she would have the provider see her on 6/22/26. R1 agreed to go to the hospital, and she was transferred.			F0646			07/25/2026

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F0646 SS = D	Continued from page 4 During an interview on 6/25/26 at 9:53 a.m., NP-A stated she first learned about R1's loose stool, rectal pain, weakness and not eating on 6/17/26. She sent an order for Imodium and planned to see her in the morning. On 6/18/26, she examined R1 who told her she had loose green, greasy looking stool, and internal rectal pain preventing her from sitting up. She examined the outer rectal area, noted red firmness, and thought it was irritation caused by the frequent loose stool. She tried to talk R1 into going to the hospital, but she declined and wanted to wait to see if she got better. After examining R1, she left the building without talking to staff. She would have preferred the staff to update her 6/15/26 when R1 first reported three days of loose stool. Interview on 6/25/26 at 10:27 a.m., facility medical director (MD-A) stated the NP-A "ignored significant facts", and then later wrote her findings and instructions on her encounter note instead of talking to the nursing staff and writing her orders in the medical chart for processing. He added, the facility staff were monitoring R1 for three or four days, called the provider who gave them a weak order. The NP-A should have ordered blood work to look for an infection and stayed with the resident until she agreed to be transferred to the hospital for further evaluation. R1's face sheet dated 6/25/26, indicated she had an acute and chronic congestive heart failure, failure to thrive, anemia, swollen legs, chronic kidney disease, and diabetes. The facility policy Change in Condition, Resident Examination and Evaluation copyright date 2025, indicated nursing staff would work within their standard of practice to check for change in condition via observations, physical examination, interview, and discussion with other staff. If a resident refused the examination, they would report to the supervisor or DON and document findings in the chart. Staff would update the provider regarding the residents' concerns and findings. In addition, the family would be contacted, staff would document their findings, interventions, and provider orders.			F0646			07/25/2026

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/25/2026	
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20000	Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 6/24/26 through 6/25/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure. The following complaints were reviewed during the survey. H53103016C(3051395) Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal			20000			07/25/2026

Office of Primary Care and Health Systems Management

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/25/2026	
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20000	Continued from page 1 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.			20000			07/25/2026