DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
September 17, 2024

Administrator
St. Benedicts Care Center
1810 Minnesota Boulevard Southeast
Saint Cloud, MN 56304

RE: CCN: 245350
Cycle Start Date: July 25, 2024

Dear Administrator:

On August 27, 2024, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 6, 2024

Administrator
St. Benedicts Care Center
1810 Minnesota Boulevard Southeast
Saint Cloud, MN 56304

RE: CCN: 245350
Cycle Start Date: July 25, 2024

Dear Administrator:

On July 25, 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 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:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 October 25, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by January 25, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/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 electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245350	A. BUILDING _____ B. WING _____	C 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST BENEDICTS CARE CENTER	1810 MINNESOTA BOULEVARD SOUTHEAST SAINT CLOUD, MN 56304

(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 7/24/24 through 7/25/24, 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 complaint was reviewed during the survey. H53506140C (MN00104957). As a result of the investigation, a deficiency was cited at F777. 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		
F 777 SS=D	Radiology/Diag Srvcs Ordered/Notify Results CFR(s): 483.50(b)(2)(i)(ii) §483.50(b)(2) The facility must- (i) Provide or obtain radiology and other diagnostic services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician,	F 777		8/20/24

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

Electronically Signed | 08/14/2024

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

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F 777	Continued From page 1 physician assistant, nurse practitioner, or clinical nurse specialist of results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to notify the ordering physician of x-ray results, which revealed newly identified fractures, in a timely manner for 1 of 3 residents (R1) reviewed. Findings included: R1's annual Minimal Data Set (MDS) dated 5/28/24, indicated R1's had a diagnosis of severe vascular dementia with anxiety and mood disturbance. R1's Progress Notes revealed the following: -On 7/15/24 @ 12:17 p.m., R1 reported he fell "overnight last night" in his bathroom, however, was unable to describe the fall, if he was using an assistive device, and how he got up off the floor. R1 reported pain in his ribs on the left side but no skin alterations were noted at the time. Physician updated and staff requested an x-ray for the left side ribs. -On 7/15/24 at 6:01 p.m., R1 reported pain 7 out of 10 and pain got worse with movement. X-ray was obtained and staff were awaiting results. Physician ordered 25 milligrams (MG) Tramadol twice daily and as needed for pain. -On 7/15/24 at 9:43 p.m., X-ray results obtained by fax and were as follows: 1. Subacute mildly displaced fracture to left 9th and 10th ribs. In comparison with prior examination, fractures were not visible on prior study and may be new	F 777	Radiology/Diag Srvcs Ordered/Notify Results F777 Nurses on duty will update on-call provider in a timely manner when receiving diagnostic reports. R1's X-Ray results came in 7/15/2024. The on-call provider was not notified by the nurse on duty via phone call. Provider updated of results on 7/16/2024, education completed with nurse. To ensure there will not be a reoccurrence, an order will be placed into point click care to call on-provider once results come through. Facility will audit 10% of charts for the next 3 weeks ensuring on-call provider has been updated with diagnostic results. The facility will be in compliance on 8/20/2024. Director of Nursing and Nurse Managers will complete education with Licensed Nurses on updating on-call provider per facility policy with a power point.	

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F 777	Continued From page 2 since prior study. Staff would update R1's daughter via phone and put the x-ray report in the physician's folder. Progress notes lacked evidence of staff notifying physician of x-ray results. On 7/25/24 at 10:55 a.m., licensed practical nurse (LPN)-A stated she was R1's floor nurse on the day R1's x-rays were obtained, and the results were received between 7:30 and 9:00 p.m. LPN-A stated the x-ray results revealed R1 had fractures of his 9th and 10th ribs. LPN-A stated she then notified R1's family by phone, and notified the physician by fax and called the on-call nurse. Further, LPN-A could not recall which nurse she notified. LPN-A stated staff were expected to notify the resident's physician, supervisor, and family "right away" when staff were aware of a significant injury. On 7/25/24 at 12:20 p.m., registered nurse (RN)-A stated she became aware of R1's x-ray results on the morning of 7/16/24, at approximately 9:00 a.m. when she went searching for the faxed results. RN-A discovered the x-ray results were received the night prior at approximately 9:30 p.m., and R1's floor nurse would have been LPN-A. RN-A stated LPN-A failed to notify R1's physician or the on-call nurse, which would have been the director of nursing (DON). RN-A stated R1's physician and DON were not aware of R1's fractures until RN-A notified them both on the morning of 7/16/24. RN-A stated staff were expected to notify the physician and the on-call nurse immediately when staff become aware of a serious injury. RN-A stated as part of the investigation, staff were educated on importance of following a resident's	F 777		

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F 777	Continued From page 3 plan of care specifically regarding toileting and repositioning, but RN-A was not aware of education related to reporting serious injuries timely. On 7/25/24 at 1:18 p.m., DON stated she received a call from RN-A on 7/15/24, in the morning, and RN-A had reported R1 self-reported a fall and had been complaining of increased pain and the physician was notified and ordered x-rays. Further, DON confirmed LPN-A did not notify the physician or the on-call nurse, which would have been the DON, upon receiving R1's x-ray results. DON discovered LPN-A had put the x-ray results on the board for the physician which was for non-emergent things and LPN-A should have immediately called the physician with the x-ray results. In addition, DON stated she was not aware of the delay in notifying the physician or on-call nurse until 7/25/24, and was attempting to interview LPN-A regarding the reasoning as to why LPN-A didn't feel she needed to update the physician when she knew R1 had newly diagnosed fractures. DON stated staff were expected to report serious injury or injuries of unknown as soon as they were aware of an injury. Review of facility policy titled Acute Condition Changes revised 3/18, indicated direct care staff would be trained on recognizing subtle but significant changes in the resident and how to communicate those changes to the nurse. Phone call to the attending or on-call physicians should be made by an adequately prepared nurse who had collected and organized pertinent information, including the resident's current symptoms and status. The nursing staff would contact the physician based on the urgency of the	F 777		

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F 777	Continued From page 4 situation. For emergencies, they would call or page the physician and request a prompt response (within approximately one-half hour or less).	F 777		

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Electronically delivered
August 6, 2024

Administrator
St. Benedicts Care Center
1810 Minnesota Boulevard Southeast
Saint Cloud, MN 56304

Re: Event ID: JSYE11

Dear Administrator:

The above facility survey was completed on July 25, 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,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
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	00774	A. BUILDING: _____ B. WING _____	C 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST BENEDICTS CARE CENTER	1810 MINNESOTA BOULEVARD SOUTHEAST SAINT CLOUD, MN 56304

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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 7/24/24 through 7/25/24, 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 complaint was reviewed during the	2 000		

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	00774	A. BUILDING: _____ B. WING _____	C 07/25/2024

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ST BENEDICTS CARE CENTER	1810 MINNESOTA BOULEVARD SOUTHEAST SAINT CLOUD, MN 56304

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2 000	Continued From page 1 survey. H53506140C (MN00104957). 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.	2 000		