Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
May 14, 2026

Administrator
BENEDICTINE LIVING COMMUNITY OWATONNA
2255 30TH STREET NW
OWATONNA, MN 55060

RE: CCN: 245426
Cycle Start Date: March 26, 2026

Dear Administrator:

On May 8, 2026, the Minnesota Department(s) of Health and Public Safety, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308   Fax: 651-215-9697

Email: sarah.lane@state.mn.us

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Electronically delivered

May 14, 2026

Administrator
BENEDICTINE LIVING COMMUNITY OWATONNA
2255 30TH STREET NW
OWATONNA, MN 55060

Re: Reinspection Results
Event ID: 22BD4F-H1

Dear Administrator:

On May 8, 2026 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on March 26, 2026. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

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An equal opportunity employer.

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April 13, 2026

Administrator
BENEDICTINE LIVING COMMUNITY OWATONNA
2255 30TH STREET NW
OWATONNA, MN 55060

RE: CCN:245426

Cycle Start Date: March 26, 2026

Dear Administrator:

On March 26, 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:

Lisa Krebs, Regional Operations Supervisor RR
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us

Office (507) 206-2728

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 June 26, 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 September 26, 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,

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

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April 13, 2026

Administrator
BENEDICTINE LIVING COMMUNITY OWATONNA
2255 30TH STREET NW
OWATONNA, MN 55060

Re: Event ID: 22BD4F-H1

Dear Administrator:

The above facility survey was completed on March 26, 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,

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900

Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/26/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE LIVING COMMUNITY OWATONNA	**2255 30TH STREET NW , OWATONNA, Minnesota, 55060**

(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
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 3/24/26, 3/25/26, and 3/26/26, 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. H54267627C (2793252) with no licensing order issued.	20000		

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

Minnesota State 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 **03/26/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE LIVING COMMUNITY OWATONNA	**2255 30TH STREET NW , OWATONNA, Minnesota, 55060**

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20000	Continued from page 1 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.	20000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245426	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER: **BENEDICTINE LIVING COMMUNITY OWATONNA**		STREET ADDRESS, CITY, STATE, ZIP CODE: **2255 30TH STREET NW , OWATONNA, Minnesota, 55060**	

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F0000	INITIAL COMMENTS On 3/24/26, 3/25/26, and 3/26/26, 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 complaint was reviewed. H54267627C (2793252) with a deficiency issued at F658. 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		04/13/2026
F0658 SS = D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review the facility failed to timely implement physician's order to administer an anti-nausea medication and timely follow an order for transfer to emergency department for 1 of 3 residents (R1) which resulted in delay of treatment reviewed for change of condition. Findings include	F0658	R1 is no longer a resident in the facility All residents with STAT or urgent medication orders and orders for transfer to the emergency department within the last 30 days were reviewed to ensure timely implementation of orders and appropriate response to change in condition. Residents will be reviewed ongoing in facility IDT meeting to ensure timely implementation of orders and appropriate responses to changes in condition. All licensed nursing staff will be re-educated on Change in Condition policy (NS102) specifically on providing treatment as ordered by attending provider. DON or designee will complete audit of resident orders to ensure timely implementation of provider	04/28/2026

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: 245426	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026
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F0658 SS = D	Continued from page 1 Findings include: R1's face sheet dated 3/25/26, identified diagnoses of perforation of intestine (non-traumatic) (hole or tear develops in the intestine), and colostomy status (surgical opening in colon that allows stool to exit through stoma). R1's quarterly Minimum Data Set (MDS) dated 12/29/25, identified R1 had no cognitive issues. R1 had no behaviors. R1 used a walker and wheelchair for mobility. R1 required one staff assistance with dressing, transfers, repositioning, toileting, and walking. R1 had an ostomy. During a phone interview on 3/25/26 at 8:37 a.m., nursing assistant (NA)-B stated on 2/27/26, around 4:00 p.m.-4:30 p.m. she emptied R1's colostomy bag. Afterward, she walked R1 out to dinner. Five to ten minutes later, R1 stated he was not feeling well and wanted to go back to his room. NA-B walked R1 back to his room. R1 stated his stomach hurt, he was not hungry, and he wanted to lay down but went to his recliner. R1's vital signs at 6:43 p.m. BP 171/95, 02 94%, P 90, T 96.7 at 6:55 p.m. R 18, pain 3/10. R1's clinician note dated 2/27/26, identified R1 had developed nausea that afternoon and chose not to eat supper. Nursing staff noted BP was high but had been taken after an episode of "dry heaving". R1 did not complain of pain. Vital signs BP 171/95, 02 94% on room air, P 90, T 96.7 R 18. R1 was in bed, awake, and alert. R1 had a colostomy mid abdomen with a small amount of stool and air in bag. Bowel sounds are present. There is diffuse mild tenderness. R1 had nausea over the past couple of hours with no abdominal pain. Zofran is available. Nursing to update MD-A later this evening. R1's signed physician order dated 2/27/26, and written on facility Physician Orders, identified R1's name, Ondansetron (Zofran) 4 mg by mouth every 6 hours as needed for nausea. The order also had handwritten "called and spoke to [pharmacy] 9:24 p.m." R1's medication administration record (MAR) for 2/27/26, identified Zofran 4mg administered at 9:40 p.m. for nausea/vomiting; upset stomach comment: 9:15 p.m. Results indicated not effective. During an interview on 3/26/26 at 12:40 p.m., medical doctor (MD)-A clarified that the order for Zofran was written between 6:00 p.m.-7:00 p.m. on	F0658	Continued from page 1 orders and transfers to the emergency department. Audits will be completed three times a week for 4 weeks with any concerns brought to the DON for immediate follow-up. Results will be reported at the facility Quality Council meeting with ongoing frequency and duration to be determined through analysis and review of results if substantial compliance is not met.	04/28/2026

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NAME OF PROVIDER OR SUPPLIER **BENEDICTINE LIVING COMMUNITY OWATONNA**		STREET ADDRESS, CITY, STATE, ZIP CODE **2255 30TH STREET NW , OWATONNA, Minnesota, 55060**	

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F0658 SS = D	Continued from page 2 2/27/26. MD-A expected Zofran would have been administered at that time as R1 had acute issues that required addressing immediately and not leisurely. During a phone interview on 3/25/26 at 8:33 a.m., NA-A stated on 2/27/26, she first had contact with R1 around 7:00 p.m. registered nurse (RN)-A had just walked out of R1's room. R1's stomach was a little bigger, but NA-A was unsure if it was from gas or something like that. R1 did not complain of pain in the area when she looked at the colostomy area. Around 9:00 p.m., RN-A requested NA-A to get vital signs on R1 because he wanted to go to the emergency department (ED). NA-A went to R1's room. R1 was in bed, head elevated, and oxygen on 1 liter per minute (LPM). R1 appeared gray in color "he didn't look the greatest". R1 had a basin he was spitting phlegm into. NA-A asked R1 if he had pain and R1 pointed to his sternum area. R1 looked sweaty and was anxious. NA-A told RN-A that R1 did not look good, and his vital signs are not normal. RN-A called the doctor after NA-A gave her R1's vital signs. R1 put on his call light multiple times between 9:00 p.m.-10:00 p.m. and asked to go to the ED. NA-A did not know why RN-A did not call the paramedics. R1's progress note dated 2/27/26 at 9:53 p.m., identified R1 refused to come out for supper, rested in recliner in room complained of stomachache. R1 refused supper when tray offered. R1 hollered for nurse to come in because his colostomy bag was going to burst open, noted to be almost empty, no need for emptying. R1 completed HS (hour of sleep) cares and transferred into bed after taking night medications orally. R1 tolerated sips of water. R1 complained of pain in epigastric (upper abdominal) region, noted to dry heave and spitting clear phlegm. R1 given Zofran 4 milligrams (mg) at 9:15 p.m. with no relief noted. R1 stated he would like to go by ambulance to the emergency room. An edit to the progress note was completed on 2/27/26 at 10:03 included: medical doctor (MD)-A was at facility to see R1 and gave order for Zofran every 6 hours as needed for nausea, and call placed to MD-A to inform of R1 not getting any better and current vitals despite having Zofran that was ordered. An edit to the progress note was completed again on 2/27/26 at 10:22 p.m. which included MD-A stated to send R1 to emergency room for increased belly pain. R1's progress note dated 2/27/26 at 10:37 p.m., identified R1's power of attorney (POA) was notified of R1 being sent to the emergency department (ED). R1 stated he had chest pain to nursing assistant	F0658		04/28/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245426	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE LIVING COMMUNITY OWATONNA	**2255 30TH STREET NW , OWATONNA, Minnesota, 55060**

(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
F0658 SS = D	Continued from page 3 (NA)-A and nothing made him feel better. R1 was pale, no emesis noted, vital signs taken with blood pressure elevated. R1's MAR for 2/28/26, identified a routine standing order for Mylanta 2-4 teaspoons. Time given was 12:17 a.m. with reason nausea/vomit; upset stomach comment: gave at 10:50 p.m. (2/27/26) R1's progress note dated 2/27/26 at 11:43 p.m., identified R1 continued to complain of sharp epigastric pain "that was 10/10" [edited to note at 12:14 a.m.]. R1 was dry heaving, received antacid with no relief from pain. R1 continued to have elevated blood pressure at 146/93, which had gone down from earlier reading on evening shift. R1 had an audible expiratory wheeze and oxygen saturation ranging from 87-90% on 1 liter per minute of oxygen, oxygen was increased to 2 liters and oxygen saturations increased to 94%. R1 was pale and diaphoretic (sweaty). R1 was asked if he still wanted to go to the ED and he stated yes. Non-emergency dispatch was called for transport to ED. ED notified of R1's transfer to them. R1's progress note dated 2/27/26 at 12:13 a.m., identified R1 left with paramedics at 12:05 a.m. During a phone interview on 3/25/26 at 11:18 a.m., NA-C stated on 2/27/26, R1 was in his recliner and she assisted R1 to bed by walking to the bed. R1 stated he did not feel well and mentioned that he felt like throwing up. NA-C raised the head of the bed, put on oxygen, and gave R1 a basin in case he did throw up. NA-C reported that to RN-A. R1 called between 9:00 p.m.-10:00 p.m. and requested to go to the ED. NA-C notified RN-A. During a phone interview on 3/25/26 at 11:40 a.m., registered nurse (RN)-A stated on 2/27/26, R1 refused to come out for supper. This was unusual for R1 but happened occasionally. RN-A thought MD-A may have seen R1 after suppertime. RN-A did not communicate to MD-A until after MD-A had already seen R1 about him feeling nauseous, having high blood pressure, and refusing to eat supper. MD-A gave RN-A her phone number to call if R1 needed to be sent to ED. MD-A wrote an order for as needed Zofran. Around 7:00 p.m., R1's stomach pain moved from the ostomy site to epigastric pain. RN-A did not administer the Zofran. RN-A thought the pain could be associated with indigestion. RN-A stated only R1's BP stood out to her when she took vital signs at 6:43 p.m. and associated that with R1 not feeling well. R1 had stated he wanted to go to the ED between 9:30 p.m.-10:00 p.m. in addition to	F0658		04/28/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245426	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER **BENEDICTINE LIVING COMMUNITY OWATONNA**		STREET ADDRESS, CITY, STATE, ZIP CODE **2255 30TH STREET NW , OWATONNA, Minnesota, 55060**	

(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
F0658 SS = D	Continued from page 4 2-3 different reports from NA's R1 wanted to go to the hospital. RN-A had other paperwork she was trying to finish up and get done with documentation during that time. RN-A could not articulate why she did not call the paramedics but guessed she was “waiting to see if anything else was going to show, exactly what am I going to tell the ED for a nurse to nurse report?” During shift change report licensed practical nurse (LPN)-B and RN-A decided to give R1 Maalox. RN-A stated she had edited her progress note at 9:53 p.m. to add information from MD-A and clarify the timeline of events. During a phone interview on 3/26/26 at 7:03 a.m., LPN-B stated she came to work on 2/27/26 at 10:00 p.m. for the overnight shift. RN-A reported R1 would need to be sent to the ED because R1 was sick to his stomach, dry heaving and basically vomiting up saliva. RN-A had stated he had pain on the top of his stomach at the xyphoid process (breastbone) and thought R1 could also be having a heart attack. LPN-B assessed R1 while he was in bed with the head of the bed raised and he was “really nauseous”. LPN-B noted that he had a lot of gas in his colostomy bag. LPN-B and NA changed R1's gown prior to paramedics arriving as it “had a rancid smell to it”. LPN-B called the non-emergency number for the ambulance and the paramedics came to the facility within 10-15 minutes after she called. LPN-B was unaware that R1 had pain until the paramedics came. LPN-B edited her progress note to add that R1 had pain 10/10. During a phone interview on 3/25/26 at 10:16 a.m., MD-A stated she examined R1 towards the end of her day on 2/27/26 but could not recall the specific time. R1 had not been feeling well, had not eaten, and had some nausea. MD-A was aware of R1's elevated BP reading but that the reading had been obtained after R1 had an episode of dry heaving. MD-A advised RN-A to notify her later in the evening on R1's status. At that time, MD-A had not thought R1's condition was acute enough to send to the emergency department but deserved continual monitoring and rechecking of VS as a resident would not typically be sent to the hospital because of an upset stomach. MD-A's expectation was that an ambulance should be called right away immediately after the order to go to the emergency room was given. During an interview on 3/25/26 at 12:59 p.m., Administrator and DON were present. DON stated with the VS taken at 6:43 p.m., she would have expected a focused abdominal assessment completed, especially after noting there was no	F0658		04/28/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245426	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER **BENEDICTINE LIVING COMMUNITY OWATONNA**		STREET ADDRESS, CITY, STATE, ZIP CODE **2255 30TH STREET NW , OWATONNA, Minnesota, 55060**	

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F0658 SS = D	Continued from page 5 bowel movement in the colostomy bag and MD notification with results of the assessment. From VS taken at 9:10 p.m., RN-A should again assess R1, update MD if that had not occurred, update family, and begin transfer to emergency room process. The ambulance should have been called when the order was obtained. At 10:17 p.m., DON would have expected the ambulance to be enroute to the facility and a nurse to stay with R1 until transport complete. An email dated 3/26/26 at 12:01 p.m., identified the facility did not have a policy regarding if an ambulance required lights and sirens but the determination was made by the ambulance company when it was triaged. The facility does not have a policy on administering newly ordered medications for a change of condition. The facility Change in Condition, Resident Examination and Evaluation dated 11/10/25, identified a thorough resident examination and evaluation will capture any abnormalities in health status, physical function, or an acute change of condition. When a significant change in the residents physical, mental, or psychosocial status is identified by licensed nurse, the license nurse consults with attending provider and notified the resident/resident representative. Obtain VS and repeat as needed or ordered. Notify the provider of change in condition and implement orders for treatment and appropriate monitoring as directed. Notify the resident/resident representative. Document symptom(s), assessment, observations, resident/resident representative, and medical provider notification. Monitor and provide treatment as ordered by the attending provider.	F0658		04/28/2026

Minnesota Department of Health

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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 3/24/26, 3/25/26, and 3/26/26, 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. H54267627C (2793252) with no licensing order issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal	20000		04/13/2026

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 **03/26/2026**
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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		04/13/2026