



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 27, 2023

Administrator
Benedictine Living Community
1907 Klein Street
St Peter, MN 56082

RE: CCN: 245501
Cycle Start Date: January 5, 2023

Dear Administrator:

On January 26, 2023, we notified you a remedy was imposed. On March 22, 2023 the Minnesota Departments of Health and Public Safety 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 March 17, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective April 5, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of January 20, 2023, 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 April 5, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on March 17, 2023, 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 Therefore, the NATCEP prohibition is rescinded.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 Region V Office 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



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April 27, 2023

Administrator
Benedictine Living Community
1907 Klein Street
St Peter, MN 56082

Re: Reinspection Results
Event ID: O8VD12 and B02I12

Dear Administrator:

On February 21, 2023 and February 22, 2023 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 surveys completed on January 5, 2023 and January 18, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any 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
January 20, 2023

Administrator
Benedictine Living Community
1907 Klein Street
St Peter, MN 56082

RE: CCN: 245501
Cycle Start Date: January 5, 2023

Dear Administrator:

On January 5, 2023, 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 widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), 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:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, Minnesota 56001
Email: elizabeth.silkey@state.mn.us
Office: (507) 344-2742 Mobile: (651) 368-3593

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 April 5, 2023 (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 July 5, 2023 (six months after the

Benedictine Living Community

January 20, 2023

Page 3

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,



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

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

PRINTED: 02/07/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/05/2023
NAME OF PROVIDER OR SUPPLIER BENEDICTINE LIVING COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1907 KLEIN STREET ST PETER, MN 56082		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 1/5/23, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirments for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H55017064C (MN00089662), with a deficiency cited at F676 and F725. The following complaint was found to be UNSUBSTANTIATED: H55017295C (MN00083704). 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 676 SS=D	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This	F 676			2/10/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/30/2023

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 676	Continued From page 1 includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking, §483.24(b)(3) Elimination-toileting, §483.24(b)(4) Dining-eating, including meals and snacks, §483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by: Based on interview, observation, and document review the facility failed to ensure activities of daily living (ADLs) including weekly baths were provided for 2 of 3 residents (R4 and R5) who needed assistance with bathing. Findings include: On 1/5/23, at 9:55 a.m. during a phone interview			F 676	F676 D This plan of correction constitutes the facility's credible allegation of compliance. 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.		

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F 676	Continued From page 2 nursing assistant (NA)-A indicated she was employed as an agency NA from 12/21/22, through 12/26/22. NA-A indicated she was scheduled 16 hour shifts and was routinely responsible for 20 residents during her shift. NA-A indicated as the only NA on her unit during the shifts residents were required to wait for another NA to help assist with activities of daily living, including showers and baths. NA-A indicated during one of her scheduled shifts R5 voiced concerns about missed showers. NA-A further discussed the shortage of staff caused missed showers. On 1/5/23, at 10:51 a.m. NA-B indicated baths would not get done today for residents, due to short staffed, and further indicated two residents who had morning baths, and two evening baths scheduled. NA-B further indicated the facility was short staffed and residents were not able to get baths 50% of the time due to the shortage of staff. On 1/5/23, at 11:24 during an interview licensed practical nurse (LPN)-A indicated bath and shower were not completed at times due to shortage of staff. LPN-A indicated observations of resident's in the same clothes as the day before. On 1/5/23, at 12:01 p.m. during an interview the interim director of nursing (DON) and administrator confirmed residents voiced concerns regarding missed baths and the DON indicated an audit on the missed baths was completed. The DON further indicated there was not documentation on the audit or the concerns from the residents regarding missed baths, and no formal follow up or procedure in place for the missed baths.	F 676	The plan of correction is prepared and/or executed in accordance with federal and state law requirements. R4 is no longer a resident at this facility. R5 was offered and received a bath on 01/07/2023. R5 will be offered baths weekly per care plan. On 1/27/2023, R5 was interviewed and reports he would like a weekly shower completed. He had no preference to time of day. All residents who need assistance with bathing have the potential to be affected. All residents who need assistance with bathing have been identified and bath days have been adjusted to even out the work flow of when baths are completed throughout the week for residents. Policy on ADLs was reviewed and remains current. An additional procedure was created in regards to offering bathing, scheduling, and assistance needed to complete those tasks. A standardized bath schedule was created for all 3 wings of the facility. The schedule includes an area for staff to communicate and sign off that baths are completed. This form along with Point of Care Charting will be reviewed 5x/week x3 weeks, then 3x/week x2 weeks. This form will be initiated on Monday January 30, 2023 and the week schedule form will go Monday to Monday. The IDT Nurse team will review and use this to then interview a resident daily to ensure bath completion.		

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F 676	Continued From page 3 On 1/5/23, at 12:49 p.m. registered nurse (RN)-A indicated she was temporary at the facility, and further indicated the facility was extremely short staffed, and indicated NA's are not able complete resident's scheduled baths and showers. On 1/5/23, at 12:53 p.m. NA-C indicated the facility shortage of staff caused resident's missed scheduled baths. On 1/5/23, at 1:03 p.m. during an interview and observation R7 was seated in a wheelchair in her room well groomed, and indicated on Tuesday (1/4/23), her scheduled bath was missed due to shortage of staff. R7 further discussed she would hopefully get her bath on Friday, as she had two baths scheduled per week. R7 indicated routinely only received one of her two baths per week. On 1/5/23, at 1:05 p.m. during an interview and observation R5 was seated in a recliner in his room, hair was matted and uncombed. R5 indicated staff would wash his body, however he did not get a shower or a bath. R5 indicated staff shortage does not allow for him to have a full bath and R5 indicated preference of a bath or a shower, and further indicated he was not sure when his hair was washed last time. R5 indicated staff used a wash cloth to wash his body only once a week. On 1/5/23, at 1:10 p.m. during an interview and observation R4 was in bed with uncombed and matted hair, and R4 indicated 12/25/22, was the last time facility staff washed her with a wash cloth. R4 further indicated she only received bed baths, due to the shortage of staff. R4' s family member (FM)-A indicated she was started on			F 676	Education on the bathing schedule will be provided to all associated nursing staff on or before Friday February 3, 2023 Education on the current and created policies, offering, providing, and documenting baths and proper assistance needed for residents with bathing. Education will also include the updated bathing schedules and workflow that was completed for residents that need assistance with bathing. Substantial compliance will be achieved by February 10, 2023.		

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F 676	Continued From page 4 hospice this week, and hopeful hospice will assist with bathing. On 1/5/23, at 3:30 p.m. during an interview the staffing coordinator indicated the facility did not have a formal policy or procedure in place for staff call in's or gaps in the schedule, and further indicated majority of the staff work 12 hour shifts, and then do not want to come in early or stay late. The staffing coordinator indicated the facility relied on agency staff to fill the schedule and had very few facility staff at the current time. The staffing coordinator indicated staff feedback concerns with residents not receiving scheduled baths, and the staff would try and rearrange the bath schedule if necessary. On 1/5/23, at 3:53 p.m. during a follow up interview the DON indicated started 4/2021 as the interim DON at the facility. The DON confirmed awareness of R4's complaints with missed baths, and further investigated the situation, and followed up with bath audits. The DON indicated the audits were informal and there was no documentation of audits or R4's concerns. The DON indicated some residents were difficult to bathe with one staff member and would receive bed bath if two staff were not available. The DON indicated would expect a full bath on baths days and expected the nurse managers to know the policies and procedures and expectations for the residents and the nurse managers were responsible for follow up with NA's on resident's missed baths. The DON stated she expected resident care plans followed for baths, treatments. The DON confirmed awareness of resident missed baths and no plan or procedure in place to correct the concerns. The DON confirmed staff documented baths in the	F 676			

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F 676	Continued From page 5 electronic medical record through point click care. The DON indicated the facility staffing was completed by the staffing coordinator and she was not involved in staffing issues or staffing concerns. The DON confirmed the facility was currently accepting admissions. The DON stated the residents tasks and treatments were expected to be completed daily, and further indicated was a team concept for completion. Facility grievance report indicated: 12/17/22, family member (FM)-A indicated resident's on Dove wing expressed being upset with the long wait times, and being put into their beds late. 12/9/22, FM-B indicated R4 had not had a shower in 3 weeks. R4's face sheet printed 1/5/23, and indicated diagnoses muscle weakness, pain, dysphasia, and respiratory failure. R4's quarterly Minimum Data Set (MDS), dated 11/1/22, indicated cognitively intact, no behaviors present, no rejection of care, two person physical assist for bed mobility, transfers, dressing, toilet use, and one person physical assist with bathing. R4's care plan dated 11/21/22, indicated R4 had a self-care deficit with the following activities of daily living: bathing, grooming, orals cares, ambulation, mobility, bowel and bladder. I may decline showers if I feel they are too late in the day and interventions included assist of 1 with bathing, Document any participation, whirlpool bath on Mondays before supper, shower on Fridays before supper, bedside bath every AM/PM.	F 676			

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F 676	Continued From page 6 R4's record review of baths document titled Point of Care ADL Category Report dated 12/6/22-1/5/23, indicated R4 received a shower on 12/12/22, and documentation indicated R4 was dependent on one person physical assist. R4's record review failed to indicate any other baths in the last 30 days. R5'S face sheet printed 1/5/23,admitted 11/30/22, and diagnoses included muscle weakness and repeated falls. R5's care plan dated 12/27/22, indicated R5 had a self-care deficit with the following activities of daily living; bathing, grooming, oral cares, ambulation, transferring, mobility, bowel and bladder r/t schizoaffective disorder, bipolar disorder ADLs: Assist of 1 with bathing, dressing, and grooming. Document any participation. Whirlpool bath/shower weekly and PRN. Bedside bath every AM/PM. R5's admission MDS dated 12/5/22, indicated cognitively intact, no behaviors present, no rejection of care, one person physical assist for bed mobility, transfers, dressing, toilet use, personal hygiene, and one person physical assist with bathing. R5's record review of baths document titled Point of Care ADL Category Report dated 12/6/22-1/5/23, indicated R5 received a shower or bath on 12/3/22, 12/7/22, 12/16 and documentation indicated R5 was dependent on one person physical assist, and 12/29/22 record review indicated R5 received a partial bath. R5's record review failed to indicate any other baths in the last 30 days.	F 676			

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F 676	Continued From page 7 Facility policy titled Activities of Daily Living dated 2021, indicated: Purpose: To provide residents with care, treatment and services appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Policy: Residents unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming, personal hygiene, elimination, communication and mobility. Implementation: 1. Care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care) b. Mobility (transfer and ambulation, including walking) c. Elimination (toileting) d. Dining (meals and snacks) e. Communication (speech, language, and any functional communication systems) 2. If residents with cognitive impairment or dementia exhibit behavioral expressions of resistance to cares, associates will attempt to identify the underlying cause of the problem and not assume the resident is declining or refusing care. Approaching the resident in a different way, or at a different time, or having another associate speak with the resident may be appropriate. 3. If a resident refuses care, associates will approach at a different time, or having another associate speak with the resident as needed. 4. Interventions to improve and/or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of	F 676			

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F 676	Continued From page 8 practice.	F 676			
F 725 SS=F	5. The resident's response to interventions will be documented, monitored, evaluated and revised as appropriate. Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review the facility failed to provide sufficient	F 725			2/10/23
			This plan of correction constitutes the facility's credible allegation of compliance.		

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F 725	Continued From page 9 staffing to ensure residents received care and assistance as needed. These deficient practices had the potential to affect all 56 residents who resided in the facility. Findings include: Refer to F676: Based on interview and record review the facility failed to ensure activities of daily living (ADLs) including weekly baths were provided for 2 of 3 residents (R4 and R5) who needed assistance with bathing. On 1/5/23, at 9:55 a.m. during a phone interview nursing assistant (NA)-A indicated she was employed as an agency NA from 12/21/22, through 12/26/22. NA-A indicated she was scheduled 16 hour shifts and was routinely responsible for 20 residents during her shift. NA-A indicated on the butterfly unit the majority of the residents were Hoyer lifts (mechanical device used for transferring), or required 2 person assist with transfers and further indicated it was not uncommon for residents to wait an hour for staff assistance for transfers, toileting, and call lights answered. NA-A indicated as the only NA on her unit during the shifts residents were required to wait for another NA to help assist with transfers and activities of daily living. NA-A indicated during one of her scheduled shifts R5 voiced concerns about missed showers. NA-A further discussed the shortage of staff caused extended call light times, missed showers, incontinence of residents. NA-A indicated the concerns of shortage of staff and resident care was brought forward to the staffing coordinator. NA-A indicated the facility abruptly ended her contract ended on 12/26/22, and she would not return to the facility due to the shortage of staff.			F 725	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. R4 is no longer a resident at this facility. R5 was offered and received a bath on 01/07/2023. R5 will be offered baths weekly per care plan. R5 was interviewed on their bathing preferences and careplan updated to reflect preferences. R5 Plan of care reviewed and reflects current bathing preference on 1/27/2023. All residents have the potential to be affected. Facility developed a procedure on bathing schedules, offering, assistance needed and refusals. Policy was reviewed and approved through QC on 1-30-23. Facility staffing guide was reviewed and remains current. An additional facility procedure was put into place in regards to staffing call-ins, work flow adjustments for ancillary staff, and additional floor support through an escalating pager process and was approved through QC on 1-30-23. When in contingency or crisis staffing, additional support hours provided through other departments will be noted on the nursing staff schedule. Education will be provided to all associated staff in regards to the two		

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F 725	Continued From page 10 On 1/5/23, at 10:51 a.m. nursing assistant (NA)-B indicated responsibility today for 18 residents on the butterfly unit from 6:00 a.m.-6:00 p.m. NA-B indicated the unit was short staffed and fully staffed was two NA's. NA-B indicated stated the facility was routinely short, staffed NA's. NA-B indicated residents that required assist of two, would need to wait and the nurse assisted with transfers. NA-B indicated baths would not get done today for residents, due to short staffed, and further indicated two residents who had morning baths, and two evening baths scheduled. NA-B further indicated the facility was short staffed and residents were not able to get baths 50% of the time due to the shortage of staff, and call lights answered were delayed. On 1/5/23, at 11:10 occupational therapy assistant (OTA)-A indicated she assisted the facility staff with residents cares, transfers, and assistant with meals. OTA-A indicted the facility relied upon her to assist in the units and resident care. On 1/5/23, at 11:24 during an interview licensed practical nurse (LPN)-A stated he was the nurse responsible for 18 residents on the butterfly wing today from 6:00 a.m. to 6:00 p.m., and further indicated NA-B was the NA responsible for the residents on the butterfly wing. LPN-A indicated the butterfly wing was short staffed today, and was expected to have two NA's. LPN-A indicated when the facility was short NA's the staff were left "scrambling, and call lights were answered as quickly as staff were able, LPN-A indicated residents who required two person transfer were required to wait until two staff were available, and confirmed transfers were delayed. LPN-A	F 725	newly developed procedures on bathing and staffing support on or by February 3, 2023. Interview audits will be conducted at random on 10 residents per week x 3 weeks and 5 residents per week x 2 weeks in regards to their timeliness of call light response, ADL assistance needs and cares received. Interviews of direct care personnel will be conducted at random across all shifts of 4 staff per week x 5 weeks to inquire on escalating pager process, call in and schedule management, staff assistance and timeliness of completing assigned cares. Both audits will be reviewed in QC for ongoing compliance and frequency to continue as based on QC review. DON/DON designee responsible to complete audits and report findings. Review of call light times 5x per week for 3 weeks then 2x per week for 2 weeks. Re-educate on call light use on/off and alerting maintenance to concerns or issues through TELS system. Call light system updated to escalate to nurse managers then DON then administrator. Substantial compliance will be achieved by February 10, 2023.		

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F 725	Continued From page 11 indicated baths, showers, fresh water pass was not completed at times due to shortage of staff. LPN-A indicated a member from corporate was at the facility a few weeks ago to discuss retention of current employees, discuss staffing concerns and issues. LPN-A indicated observations of resident's in the same clothes as the day before. LPN-A indicated the facility relied upon agency . LPN-A discussed the facility majority of residents required two assist with machines for transfers and caused extended wait times for resident's due to the staff shortage. On 1/5/23, at 12:01 p.m. during an interview the interim director of nursing (DON) and administrator indicated the facility had three wings Butterfly, Dove, and Angel and on the day and evening shifts would expect two NA's on each wing, 1 nurse on each wing, and overnights would expect one NA on each wing, and one nurse on butterfly and Dove, and one nurse on Angel wing until 10:30 p.m. and then the nurse from butterfly would assist Angel residents. The DON confirmed residents voiced concerns regarding missed baths and the DON indicated an audit on the missed baths was completed. The DON further indicated there was not documentation on the audit or the concerns from the residents regarding missed baths, and no formal follow up or procedure in place for the missed baths. When asked what the DON and administrator had in place to cover staff shortages or call ins, indicated the staffing coordinator addressed the staff schedule, and the facility had no formal process in place to cover the shortage of staff. The DON and administrator indicated they had not monitored or tracked the last month's staffing schedule.	F 725			

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F 725	Continued From page 12 On 1/5/23, at 12:26, the staffing coordinator indicated the staffing schedule dated 12/21/22, through 12/26/22, did not have open shifts. Review of the staffing schedule dated 12/21/22, through 12/26/22, however, indicated open shifts. On 1/5/23, at 12:48 p.m. health information coordinator was observed in the dining room and kitchen and further indicated she was asked to assist as a culinary aide in the angel wing today as the facility was short staffed. On 1/5/23, at 12:49 p.m. registered nurse (RN)-A indicated she was temporary at the facility, and further indicated the facility was extremely short staffed. RN-A stated on 1/3/23, she worked the angel wing with one other NA and RN-A indicated due to the shortage of staff she was not able to complete a dressing change, and further stated NA's are not able to reposition timely, answer call lights timely, or complete baths and showers. On 1/5/23, at 12:53 p.m. NA-C indicated the facility was short staff and the wings were expected to have two NA's on the day shift and indicated 50% of her shifts the wings have 1 NA. NA-C indicated the shortage of staff caused extended call light times, missed baths, and untimely repositioning of residents. On 1/5/23, at 1:03 p.m. during an interview R7 was seated in a wheelchair in her room well groomed, and indicated on Tuesday (1/4/23), her scheduled bath was missed due to shortage of staff. R7 further indicated she would hopefully get her bath on Friday, as she had two baths scheduler per week. R7 indicated routinely only received one of her two baths per week.	F 725			

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F 725	Continued From page 13 On 1/5/23, at 1:05 p.m. during an interview R5 was seated in a recliner in his room, hair was matted and uncombed. R5 indicated staff would wash his body, however he did not get a shower or a bath. R5 indicated staff shortage does not allow for him to have a full bath and R5 indicated preference of a bath or a shower, and further indicated he was not sure when his hair was washed last time. R5 indicated staff used a wash cloth to wash his body only once a week. On 1/5/23, at 1:10 p.m. during an interview R4 indicated 12/25/22, was the last time facility staff washed her with a wash cloth, and further indicated she only received bed baths. R4 further indicated her bath or a full bed bath was routinely not provided due to the shortage of staff. R4' s family member (FM)-A indicated she was started on hospice this week, and hopeful hospice will assist with bathing. R4 was observed in bed, hair matted and not brushed. On 1/5/23, at 2:43 p.m. during a follow up interview the administrator indicated the staffing plan was between contingency and exhaust. When asked if the facility staff was able to meet the needs of the residents the administrator stated some days are better than others. The administrator confirmed awareness of the long call light times and delay in answering call lights, and stated residents that require assist of two had longer call light times, as staff were not available if the facility was short staffed, and further indicated the long call light times were discussed in the monthly quality meeting. The administrator indicated the facility had been trying to recruit staff and have had difficulty in hiring staff. The administrator stated the facility was currently accepting admissions. The administrator further	F 725			

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F 725	Continued From page 14 indicated the facility continued to work on achieving and maintaining staffing levels administrator indicated the facility had been trying to recruit staff and have had difficulty in hiring staff. On 1/5/23, at 3:30 p.m. during an interview the staffing coordinator indicated the facility did not have a formal policy or procedure in place for staff call in's or gaps in the schedule, and further indicated majority of the staff work 12 hour shifts, and then do not want to come in early or stay late. The staffing coordinator indicated the facility relied on agency staff to fill the schedule and had very few facility staff at the current time. The staffing coordinator indicated staff feedback concerns with residents not receiving scheduled baths, and the staff would try and rearrange the bath schedule if necessary. On 1/5/23, at 3:42 p.m. during an interview with human resources (HR)-A indicated the facility currently had 24 open NA positions, and the facility used incentive bonuses, recruitment, referral bonuses, pick up pay for staff recruitment. HR-A further discussed the facility had been trying to recruit staff, had difficulty in hiring staff, and relies on agency staff at the time to fill open positions. On 1/5/23, at 3:53 p.m. during a follow up interview the DON indicated started 4/2021 as the interim DON at the facility. The DON confirmed awareness of R4's complaints with missed baths, and further investigated the situation, and followed up with bath audits. The DON indicated the audits were informal and there was no documentation of audits or R4's concerns. The DON indicated some residents were difficult to	F 725			

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F 725	Continued From page 15 bathe with one staff member and would receive bed bath if two staff were not available. The DON indicated would expect a full bath on baths days and expected the nurse managers to know the policies and procedures and expectations for the residents and the nurse managers were responsible for follow up with NA's on resident's missed baths. The DON stated she expected resident care plans followed for baths, treatments. The DON confirmed awareness of resident missed baths and no plan or procedure in place to correct the concerns. The DON confirmed staff documented baths in the electronic medical record through point click care. The DON indicated the facility staffing was completed by the staffing coordinator and she was not involved in staffing issues or staffing concerns. The DON confirmed the facility was currently accepting admissions. The DON stated the residents tasks and treatments were expected to be completed daily, and further indicated was a team concept for completion. Examples of the facility's shortage of nurse staffing for the month of 12/22-1/5/22, for an average census of 56 residents. These included but were not limited to the following: Angel: 1/3/23, 1/1/23, 12/27/22, 12/24/22, 12/15/22, 12/7/22, short NA 12 hours for day shift 1/4/23, 12/25/22, 12/10/22, 12/9/22, 12/5/22, short NA 8 hours for day shift 12/28/22, short NA 7 hours for day shift 12/5/22, short NA 4 hours for day shift 1/1/23, short NA 12 hours for evening shift 12/19/22, 12/12/22, 12/8/22, short NA 8 hours evening shift 12/3/22, short NA 6 hours for evening shift 12/27/22, 12/13/22, 12/7/22, short NA 4 hours for	F 725			

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F 725	Continued From page 16 evening shift 1/3/23, short NA 8 hours for night shift Butterfly 1/1/23, 12/9/22, short NA 12 hours for day shift 12/25/22 short NA 10.5 hours for day shift 1/5/23, 1/3/23, 12/11/22, 12/6/22, 12/4/22, 12/3/22 short NA 8 hours for day shift 12/23/22, 12/7/22 short NA 5 hours for day shift 12/27/22, 12/10/22, 12/6/22, short NA 4 hours day shift 1/1/23, short NA 12 hours for evening shift 1/4/23, 1/3/23, 12/27/22, 12/19/22, 12/17/22, 12/11/22, 12/13/22, 12/4/22, short NA 8 hours for evening shift 12/31/22,12/26/22, 12/12/22, short NA 4 hours evening shift 1/1/23, 12/11/22, short NA 5 hours night shift 12/9/22, short NA 12 hours night shift Dove: 1/1/23, 12/25/22 short nurse 8 hours for day shift 12/25/22, short nurse 6 hours for day shift 12/28/22,12/17/22, short nurse 4 hours for day shift 1/2/23, 12/24/22. 12/9/22, 12/6/22, short NA 12 hours for day shift 12/26/22, 12/8/22, short 8 NA hours day shift 12/27/22, 12/26/22, 12/25/22 short NA 6 hours for day shift 12/3/22, short NA 4 hours for day shift 12/10/22, 12/4/22, 12/3/22 short NA 4 hours for evening 1/1/23, short nurse 8 hours for evening shift 1/2/23, 1/3/23, 12/26/22, 12/12/22, short NA 4 hours for evening 12/27/22, 12/26/22. 12/14/22, 12/8/22, 12/7/22, short 8 NA hours evening shift 1/1/23, short nurse 8 hours for night shift 12/28/22, short NA 7 hours for day shift 12/3/22, short 6 hours NA night shift	F 725			

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F 725	Continued From page 17 12/30/22, short nurse 4 hours for night shift Review of the call light response logs, provided by the facility revealed numerous occasions of longer than 15 minutes wait times. The following were examples of the long wait times. These included but were not limited to the following: 1/1/23-12/1/22, indicated room 213 longest wait times were 147 minutes, 142 minutes, 112 minutes, 109 minutes, 108 minutes, 96 minutes, 90 minutes, 89 minutes, 81 minutes, 75 minutes, 74 minutes, 72 minutes, 69 minutes, 50 minutes, 47 minutes, 44 minutes 42 minutes, 40 minutes ,39 minutes, 38 minutes, 37 minutes, 36 minutes, 33 minutes. 1/1/23-12/1/22, indicated room 215 longest wait times were longest wait times were 168 minutes, 149 minutes, 141 min, 101 minutes, 110 minutes, 93 minutes, 84 minutes, 80 minutes 75 minutes, 71 minutes, 69 minutes, 63 minutes, 62 minutes, 55 minutes, 52 minutes, 50 minutes, 49 ,minutes, 46 minutes, 44 minutes, 42 minutes, 41 minutes, 37 minutes 31 minutes, 32 minutes, 29 minutes, 28 minutes. 1/1/23-12/1/22, indicated room 216 longest wait times were longest wait times were 94 minutes, 76 minutes, 60 minutes, 57 minutes, 49 minutes, 48 minutes, 47 minutes, 44 minutes, 42 minutes, 38 minutes 35 minutes 34 minutes, 33 minutes, 32 minutes, 31 minutes, 30 minutes, 28 minutes. Facility grievance report indicated: 12/17/22, residents were upset with the long wait times, and being put into their beds late on Dove wing on Saturday evening. 12/9/22, resident shared had not had a shower in	F 725			

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F 725	Continued From page 18 3 weeks. R3: R3's face sheet printed 1/5/23, and indicated diagnoses hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, cognitive communication deficit, and muscle weakness. R3's annual Minimum Data Set (MDS), dated 10/11/22, indicated cognitively intact, two person physical assist for bed mobility, transfers, dressing, toilet use, and one person physical assist with bathing. R3's care plan dated 10/4/22, indicated R3 had had a self-care deficit with the following activities of daily living; bathing, grooming, oral cares, ambulation, transferring, mobility, bowel and bladder and interventions included: 2 with Hoyer Lift in and out of bed with XL sling. Assist x2 for bed mobility. Body pillow on side for pressure management. Assist of 2 to boost up in bed. Turn and reposition with AM/PM cares, before/after meals. I would like to be turned once during the night. I will call in early AM hen I wake up need to use the toilet. After I am done voiding, I would like to get dressed and sit in recliner. R4's face sheet printed 1/5/23, and indicated diagnoses muscle weakness, pain, dysphasia, and respiratory failure. R4's quarterly Minimum Data Set (MDS), dated 11/1/22, indicated cognitively intact, no behaviors present, no rejection of care, two person physical assist for bed mobility, transfers, dressing, toilet use, and one person physical assist with bathing.	F 725			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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F 725	Continued From page 19 R4's care plan dated 11/21/22, indicated R4 had a self-care deficit with the following activities of daily living: bathing, grooming, orals cares, ambulation, mobility, bowel and bladder. I may decline showers if I feel they are too late in the day and interventions included assist of 1 with bathing, Document any participation, whirlpool bath on Mondays before supper, shower on Fridays before supper, bedside bath every AM/PM. R4's record review of baths document titled Point of Care ADL Category Report dated 12/6/22-1/5/23, indicated R4 received a shower on 12/12/22, and documentation indicated R4 was dependent on one person physical assist. R4's record review failed to indicate any other baths in the last 30 days. R5'S face sheet printed 1/5/23, admitted 11/30/22, and diagnoses included muscle weakness and repeated falls. R5's care plan dated 12/27/22, indicated R5 had a self-care deficit with the following activities of daily living; bathing, grooming, oral cares, ambulation, transferring, mobility, bowel and bladder r/t schizoaffective disorder, bipolar disorder ADLs: Assist of 1 with bathing, dressing, and grooming. Document any participation. Whirlpool bath/shower weekly and PRN. Bedside bath every AM/PM. R5's admission MDS dated 12/5/22, indicated cognitively intact, no behaviors present, no rejection of care, extensive assist for bed mobility, transfers, dressing, toilet use, personal hygiene, and one person physical assist with bathing.	F 725			

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F 725	Continued From page 20 R5's record review of baths document titled Point of Care ADL Category Report dated 12/6/22-1/5/23, indicated R5 received a shower or bath on 12/3/22, 12/7/22, 12/16 and documentation indicated R5 was dependent on one person physical assist, and 12/29/22 record review indicated R5 received a partial bath. R5's record review failed to indicate any other baths in the last 30 days. R7's face sheet printed 1/5/23, indicated current location Butterfly 215, and indicated diagnoses muscle weakness, pain, anxiety disorder, depressive disorder, history of falling. R7's annual MDS, dated 10/12/22, indicated cognitively intact, extensive assist with bed mobility, transfers, dressing, toilet use, and one person physical assist with bathing. R7's care plan dated 10/18//22, indicated R3 had had a self-care deficit with the following activities of daily living; bathing, grooming, oral cares, ambulation, transferring, mobility, bowel and bladder and interventions included: ADLs: Assist of 1 with bathing and grooming. Assist of 1 with lower body dressing; set up assistance with upper body dressing. Document any participation. Whirlpool bath/shower weekly and PRN. Bedside bath every AM/P : A1 with bed mobility. Assist of 2 to boost up in bed. Remind me to urn and reposition with AM/PM cares, before/after meals, with rounds at night, and PRN or as I request. Assist bars on bed to aid with bed mobility. Review of the Annual Facility Assessment dated 7/29/22, provided by the facility revealed the following: staffing is planned in advance and altered upon census in all departments. In	F 725			

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F 725	Continued From page 21 addition, staffing in nursing and therapy are altered based upon resident need ant he number of admission and discharges. See grid for average FTE in each area of work with full census. Additionally, there is an emergency staffing plan that includes a conventional phase, contingency phase, and crisis phases. Average FTE at full census/pay period DON, Clinical Mangers, MDS Nurse, Licensed nurse, IP=13.5; and Nursing Assistants, TMA, Restorative Aides 18. Contingency Capacity Strategies dated 1/26/22, indicated: - When staffing shortages occur, healthcare facility and employers may need to implement crisis capacity strategies to continue to provide resident care. - Assigned designee to be responsible for daily assessment of staffing status and needs - initiate enhanced recruitment strategies to increase total headcount - Review essential functions in create prioritize list postpone or staff all nonessential functions and reassign those associates to critical functions if staffing continues to be a challenge other lower priority functions will be deferred - identify communication for associate notification - minimize meetings and relieve administration responsibilities not related to care - he was equally trained associates from an administrative positions example nurse managers - adjust personnel work schedules - consider offering bonuses or overtime pay for critical shortages while mindful of associate health and burnout contact other Benedictine facilities other community long term care facilities and staffing agencies.	F 725			

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F 725	Continued From page 22 Facility policy titled Activities of Daily Living dated 2021, indicated: Purpose: To provide residents with care, treatment and services appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Policy: Residents unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming, personal hygiene, elimination, communication and mobility. Implementation: 1. Care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care) b. Mobility (transfer and ambulation, including walking) c. Elimination (toileting) d. Dining (meals and snacks) e. Communication (speech, language, and any functional communication systems) 2. If residents with cognitive impairment or dementia exhibit behavioral expressions of resistance to cares, associates will attempt to identify the underlying cause of the problem and not assume the resident is declining or refusing care. Approaching the resident in a different way, or at a different time, or having another associate speak with the resident may be appropriate. 3. If a resident refuses care, associates will approach at a different time, or having another associate speak with the resident as needed. 4. Interventions to improve and/or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences,	F 725			

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F 725	Continued From page 23 stated goals and recognized standards of practice. 5. The resident's response to interventions will be documented, monitored, evaluated and revised as appropriate.	F 725			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 20, 2023

Administrator
Benedictine Living Community
1907 Klein Street
St Peter, MN 56082

Re: State Nursing Home Licensing Orders
Event ID: O8VD11

Dear Administrator:

The above facility was surveyed on January 5, 2023 through January 5, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, Minnesota 56001
Email: elizabeth.silkey@state.mn.us
Office: (507) 344-2742 Mobile: (651) 368-3593

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

Please feel free to call me with any questions.



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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/05/2023
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2 000	Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 1/5/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.	2 000			

Minnesota Department of Health

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

Electronically Signed

TITLE

(X6) DATE

01/30/23

Minnesota Department of Health

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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H55017064C (MN00089662), with a licensing order issued at 0800, and 0915. The following complaint was found to be SUBSTANTIATED: H55017295C (MN00083704). The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor 's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of	2 000			

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2 000	Continued From page 2 state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000			
2 800	MN Rule 4658.0510 Subp. 1 Nursing Personnel; Staffing requirements Subpart 1. Staffing requirements. A nursing home must have on duty at all times a sufficient number of qualified nursing personnel, including registered nurses, licensed practical nurses, and nursing assistants to meet the needs of the residents at all nurses' stations, on all floors, and in all buildings if more than one building is involved. This includes relief duty, weekends, and vacation replacements. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to provide sufficient staffing to ensure residents received care and assistance as needed. These deficient practices had the potential to affect all 56 residents who resided in the facility. Findings include: Refer to F676: Based on interview and record review the facility failed to ensure activities of daily living (ADLs) including weekly baths were provided for 2 of 3 residents (R4 and R5) who needed assistance with bathing.	2 800	Corrected	2/10/23	

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2 800	Continued From page 3 On 1/5/23, at 9:55 a.m. during a phone interview nursing assistant (NA)-A indicated she was employed as an agency NA from 12/21/22, through 12/26/22. NA-A indicated she was scheduled 16 hour shifts and was routinely responsible for 20 residents during her shift. NA-A indicated on the butterfly unit the majority of the residents were Hoyer lifts (mechanical device used for transferring), or required 2 person assist with transfers and further indicated it was not uncommon for residents to wait an hour for staff assistance for transfers, toileting, and call lights answered. NA-A indicated as the only NA on her unit during the shifts residents were required to wait for another NA to help assist with transfers and activities of daily living. NA-A indicated during one of her scheduled shifts R5 voiced concerns about missed showers. NA-A further discussed the shortage of staff caused extended call light times, missed showers, incontinence of residents. NA-A indicated the concerns of shortage of staff and resident care was brought forward to the staffing coordinator. NA-A indicated the facility abruptly ended her contract ended on 12/26/22, and she would not return to the facility due to the shortage of staff. On 1/5/23, at 10:51 a.m. nursing assistant (NA)-B indicated responsibility today for 18 residents on the butterfly unit from 6:00 a.m.-6:00 p.m. NA-B indicated the unit was short staffed and fully staffed was two NA's. NA-B indicated stated the facility was routinely short, staffed NA's. NA-B indicated residents that required assist of two, would need to wait and the nurse assisted with transfers. NA-B indicated baths would not get done today for residents, due to short staffed, and further indicated two residents who had morning baths, and two evening baths scheduled. NA-B further indicated the facility was short staffed and	2 800			

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2 800	Continued From page 4 residents were not able to get baths 50% of the time due to the shortage of staff, and call lights answered were delayed. On 1/5/23, at 11:10 occupational therapy assistant (OTA)-A indicated she assisted the facility staff with residents cares, transfers, and assistant with meals. OTA-A indicted the facility relied upon her to assist in the units and resident care. On 1/5/23, at 11:24 during an interview licensed practical nurse (LPN)-A stated he was the nurse responsible for 18 residents on the butterfly wing today from 6:00 a.m. to 6:00 p.m., and further indicated NA-B was the NA responsible for the residents on the butterfly wing. LPN-A indicated the butterfly wing was short staffed today, and was expected to have two NA's. LPN-A indicated when the facility was short NA's the staff were left "scrambling, and call lights were answered as quickly as staff were able, LPN-A indicated residents who required two person transfer were required to wait until two staff were available, and confirmed transfers were delayed. LPN-A indicated baths, showers, fresh water pass was not completed at times due to shortage of staff. LPN-A indicated a member from corporate was at the facility a few weeks ago to discuss retention of current employees, discuss staffing concerns and issues. LPN-A indicated observations of resident's in the same clothes as the day before. LPN-A indicated the facility relied upon agency . LPN-A discussed the facility majority of residents required two assist with machines for transfers and caused extended wait times for resident's due to the staff shortage. On 1/5/23, at 12:01 p.m. during an interview the interim director of nursing (DON) and	2 800			

Minnesota Department of Health

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2 800	Continued From page 5 administrator indicated the facility had three wings Butterfly, Dove, and Angel and on the day and evening shifts would expect two NA's on each wing, 1 nurse on each wing, and overnights would expect one NA on each wing, and one nurse on butterfly and Dove, and one nurse on Angel wing until 10:30 p.m. and then the nurse from butterfly would assist Angel residents. The DON confirmed residents voiced concerns regarding missed baths and the DON indicated an audit on the missed baths was completed. The DON further indicated there was not documentation on the audit or the concerns from the residents regarding missed baths, and no formal follow up or procedure in place for the missed baths. When asked what the DON and administrator had in place to cover staff shortages or call ins, indicated the staffing coordinator addressed the staff schedule, and the facility had no formal process in place to cover the shortage of staff. The DON and administrator indicated they had not monitored or tracked the last month's staffing schedule. On 1/5/23, at 12:26, the staffing coordinator indicated the staffing schedule dated 12/21/22, through 12/26/22, did not have open shifts. Review of the staffing schedule dated 12/21/22, through 12/26/22, however, indicated open shifts. On 1/5/23, at 12:48 p.m. health information coordinator was observed in the dining room and kitchen and further indicated she was asked to assist as a culinary aide in the angel wing today as the facility was short staffed. On 1/5/23, at 12:49 p.m. registered nurse (RN)-A indicated she was temporary at the facility, and further indicated the facility was extremely short staffed. RN-A stated on 1/3/23, she worked the	2 800			

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2 800	Continued From page 6 angel wing with one other NA and RN-A indicated due to the shortage of staff she was not able to complete a dressing change, and further stated NA's are not able to reposition timely, answer call lights timely, or complete baths and showers. On 1/5/23, at 12:53 p.m. NA-C indicated the facility was short staff and the wings were expected to have two NA's on the day shift and indicated 50% of her shifts the wings have 1 NA. NA-C indicated the shortage of staff caused extended call light times, missed baths, and untimely repositioning of residents. On 1/5/23, at 1:03 p.m. during an interview R7 was seated in a wheelchair in her room well groomed, and indicated on Tuesday (1/4/23), her scheduled bath was missed due to shortage of staff. R7 further indicated she would hopefully get her bath on Friday, as she had two baths scheduler per week. R7 indicated routinely only received one of her two baths per week. On 1/5/23, at 1:05 p.m. during an interview R5 was seated in a recliner in his room, hair was matted and uncombed. R5 indicated staff would wash his body, however he did not get a shower or a bath. R5 indicated staff shortage does not allow for him to have a full bath and R5 indicated preference of a bath or a shower, and further indicated he was not sure when his hair was washed last time. R5 indicated staff used a wash cloth to wash his body only once a week. On 1/5/23, at 1:10 p.m. during an interview R4 indicated 12/25/22, was the last time facility staff washed her with a wash cloth, and further indicated she only received bed baths. R4 further indicated her bath or a full bed bath was routinely not provided due to the shortage of staff. R4' s	2 800			

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2 800	Continued From page 7 family member (FM)-A indicated she was started on hospice this week, and hopeful hospice will assist with bathing. R4 was observed in bed, hair matted and not brushed. On 1/5/23, at 2:43 p.m. during a follow up interview the administrator indicated the staffing plan was between contingency and exhaust. When asked if the facility staff was able to meet the needs of the residents the administrator stated some days are better than others. The administrator confirmed awareness of the long call light times and delay in answering call lights, and stated residents that require assist of two had longer call light times, as staff were not available if the facility was short staffed, and further indicated the long call light times were discussed in the monthly quality meeting. The administrator indicated the facility had been trying to recruit staff and have had difficulty in hiring staff. The administrator stated the facility was currently accepting admissions. The administrator further indicated the facility continued to work on achieving and maintaining staffing levels administrator indicated the facility had been trying to recruit staff and have had difficulty in hiring staff. On 1/5/23, at 3:30 p.m. during an interview the staffing coordinator indicated the facility did not have a formal policy or procedure in place for staff call in's or gaps in the schedule, and further indicated majority of the staff work 12 hour shifts, and then do not want to come in early or stay late. The staffing coordinator indicated the facility relied on agency staff to fill the schedule and had very few facility staff at the current time. The staffing coordinator indicated staff feedback concerns with residents not receiving scheduled baths, and the staff would try and rearrange the	2 800			

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2 800	Continued From page 8 bath schedule if necessary. On 1/5/23, at 3:42 p.m. during an interview with human resources (HR)-A indicated the facility currently had 24 open NA positions, and the facility used incentive bonuses, recruitment, referral bonuses, pick up pay for staff recruitment. HR-A further discussed the facility had been trying to recruit staff, had difficulty in hiring staff, and relies on agency staff at the time to fill open positions. On 1/5/23, at 3:53 p.m. during a follow up interview the DON indicated started 4/2021 as the interim DON at the facility. The DON confirmed awareness of R4's complaints with missed baths, and further investigated the situation, and followed up with bath audits. The DON indicated the audits were informal and there was no documentation of audits or R4's concerns. The DON indicated some residents were difficult to bathe with one staff member and would receive bed bath if two staff were not available. The DON indicated would expect a full bath on baths days and expected the nurse managers to know the policies and procedures and expectations for the residents and the nurse managers were responsible for follow up with NA's on resident's missed baths. The DON stated she expected resident care plans followed for baths, treatments. The DON confirmed awareness of resident missed baths and no plan or procedure in place to correct the concerns. The DON confirmed staff documented baths in the electronic medical record through point click care. The DON indicated the facility staffing was completed by the staffing coordinator and she was not involved in staffing issues or staffing concerns. The DON confirmed the facility was currently accepting admissions. The DON stated	2 800			

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2 800	Continued From page 9 the residents tasks and treatments were expected to be completed daily, and further indicated was a team concept for completion. Examples of the facility's shortage of nurse staffing for the month of 12/22-1/5/22, for an average census of 56 residents. These included but were not limited to the following: Angel: 1/3/23, 1/1/23, 12/27/22, 12/24/22, 12/15/22, 12/7/22, short NA 12 hours for day shift 1/4/23, 12/25/22, 12/10/22, 12/9/22, 12/5/22, short NA 8 hours for day shift 12/28/22, short NA 7 hours for day shift 12/5/22, short NA 4 hours for day shift 1/1/23, short NA 12 hours for evening shift 12/19/22, 12/12/22, 12/8/22, short NA 8 hours evening shift 12/3/22, short NA 6 hours for evening shift 12/27/22, 12/13/22, 12/7/22, short NA 4 hours for evening shift 1/3/23, short NA 8 hours for night shift Butterfly 1/1/23, 12/9/22, short NA 12 hours for day shift 12/25/22 short NA 10.5 hours for day shift 1/5/23, 1/3/23, 12/11/22, 12/6/22, 12/4/22, 12/3/22 short NA 8 hours for day shift 12/23/22, 12/7/22 short NA 5 hours for day shift 12/27/22, 12/10/22, 12/6/22, short NA 4 hours day shift 1/1/23, short NA 12 hours for evening shift 1/4/23, 1/3/23, 12/27/22, 12/19/22, 12/17/22, 12/11/22, 12/13/22, 12/4/22, short NA 8 hours for evening shift 12/31/22,12/26/22, 12/12/22, short NA 4 hours evening shift 1/1/23, 12/11/22, short NA 5 hours night shift 12/9/22, short NA 12 hours night shift Dove: 1/1/23, 12/25/22 short nurse 8 hours for day shift	2 800			

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2 800	Continued From page 10 12/25/22, short nurse 6 hours for day shift 12/28/22,12/17/22, short nurse 4 hours for day shift 1/2/23, 12/24/22. 12/9/22, 12/6/22, short NA 12 hours for day shift 12/26/22, 12/8/22, short 8 NA hours day shift 12/27/22, 12/26/22, 12/25/22 short NA 6 hours for day shift 12/3/22, short NA 4 hours for day shift 12/10/22, 12/4/22, 12/3/22 short NA 4 hours for evening 1/1/23, short nurse 8 hours for evening shift 1/2/23, 1/3/23, 12/26/22, 12/12/22, short NA 4 hours for evening 12/27/22, 12/26/22. 12/14/22, 12/8/22, 12/7/22, short 8 NA hours evening shift 1/1/23, short nurse 8 hours for night shift 12/28/22, short NA 7 hours for day shift 12/3/22, short 6 hours NA night shift 12/30/22, short nurse 4 hours for night shift Review of the call light response logs, provided by the facility revealed numerous occasions of longer than 15 minutes wait times. The following were examples of the long wait times. These included but were not limited to the following: 1/1/23-12/1/22, indicated room 213 longest wait times were 147 minutes, 142 minutes, 112 minutes, 109 minutes, 108 minutes, 96 minutes, 90 minutes, 89 minutes, 81 minutes, 75 minutes, 74 minutes, 72 minutes, 69 minutes, 50 minutes, 47 minutes, 44 minutes 42 minutes, 40 minutes ,39 minutes, 38 minutes, 37 minutes, 36 minutes, 33 minutes. 1/1/23-12/1/22, indicated room 215 longest wait times were longest wait times were 168 minutes, 149 minutes, 141 min, 101 minutes, 110 minutes, 93 minutes, 84 minutes, 80 minutes 75 minutes,	2 800			

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2 800	Continued From page 11 71 minutes, 69 minutes, 63 minutes, 62 minutes, 55 minutes, 52 minutes, 50 minutes, 49 ,minutes, 46 minutes, 44 minutes, 42 minutes, 41 minutes, 37 minutes 31 minutes, 32 minutes, 29 minutes, 28 minutes. 1/1/23-12/1/22, indicated room 216 longest wait times were longest wait times were 94 minutes, 76 minutes, 60 minutes, 57 minutes, 49 minutes, 48 minutes, 47 minutes, 44 minutes, 42 minutes, 38 minutes 35 minutes 34 minutes, 33 minutes, 32 minutes, 31 minutes, 30 minutes, 28 minutes. Facility grievance report indicated: 12/17/22, residents were upset with the long wait times, and being put into their beds late on Dove wing on Saturday evening. 12/9/22, resident shared had not had a shower in 3 weeks. R3: R3's face sheet printed 1/5/23, and indicated diagnoses hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, cognitive communication deficit, and muscle weakness. R3's annual Minimum Data Set (MDS), dated 10/11/22, indicated cognitively intact, two person physical assist for bed mobility, transfers, dressing, toilet use, and one person physical assist with bathing. R3's care plan dated 10/4/22, indicated R3 had had a self-care deficit with the following activities of daily living; bathing, grooming, oral cares, ambulation, transferring, mobility, bowel and bladder and interventions included: 2 with Hoyer Lift in and out of bed with XL sling. Assist x2 for bed mobility. Body pillow on side for pressure	2 800			

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2 800	Continued From page 12 management. Assist of 2 to boost up in bed. Turn and reposition with AM/PM cares, before/after meals. I would like to be turned once during the night. I will call in early AM hen I wake up need to use the toilet. After I am done voiding, I would like to get dressed and sit in recliner. R4's face sheet printed 1/5/23, and indicated diagnoses muscle weakness, pain, dysphasia, and respiratory failure. R4's quarterly Minimum Data Set (MDS), dated 11/1/22, indicated cognitively intact, no behaviors present, no rejection of care, two person physical assist for bed mobility, transfers, dressing, toilet use, and one person physical assist with bathing. R4's care plan dated 11/21/22, indicated R4 had a self-care deficit with the following activities of daily living: bathing, grooming, orals cares, ambulation, mobility, bowel and bladder. I may decline showers if I feel they are too late in the day and interventions included assist of 1 with bathing, Document any participation, whirlpool bath on Mondays before supper, shower on Fridays before supper, bedside bath every AM/PM. R4's record review of baths document titled Point of Care ADL Category Report dated 12/6/22-1/5/23, indicated R4 received a shower on 12/12/22, and documentation indicated R4 was dependent on one person physical assist. R4's record review failed to indicate any other baths in the last 30 days. R5'S face sheet printed 1/5/23, admitted 11/30/22, and diagnoses included muscle weakness and repeated falls.	2 800			

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2 800	Continued From page 13 R5's care plan dated 12/27/22, indicated R5 had a self-care deficit with the following activities of daily living; bathing, grooming, oral cares, ambulation, transferring, mobility, bowel and bladder r/t schizoaffective disorder, bipolar disorder ADLs: Assist of 1 with bathing, dressing, and grooming. Document any participation. Whirlpool bath/shower weekly and PRN. Bedside bath every AM/PM. R5's admission MDS dated 12/5/22, indicated cognitively intact, no behaviors present, no rejection of care, extensive assist for bed mobility, transfers, dressing, toilet use, personal hygiene, and one person physical assist with bathing. R5's record review of baths document titled Point of Care ADL Category Report dated 12/6/22-1/5/23, indicated R5 received a shower or bath on 12/3/22, 12/7/22, 12/16 and documentation indicated R5 was dependent on one person physical assist, and 12/29/22 record review indicated R5 received a partial bath. R5's record review failed to indicate any other baths in the last 30 days. R7's face sheet printed 1/5/23, indicated current location Butterfly 215, and indicated diagnoses muscle weakness, pain, anxiety disorder, depressive disorder, history of falling. R7's annual MDS, dated 10/12/22, indicated cognitively intact, extensive assist with bed mobility, transfers, dressing, toilet use, and one person physical assist with bathing. R7's care plan dated 10/18/22, indicated R3 had had a self-care deficit with the following activities of daily living; bathing, grooming, oral cares, ambulation, transferring, mobility, bowel and	2 800			

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2 800	Continued From page 14 bladder and interventions included: ADLs: Assist of 1 with bathing and grooming. Assist of 1 with lower body dressing; set up assistance with upper body dressing. Document any participation. Whirlpool bath/shower weekly and PRN. Bedside bath every AM/P : A1 with bed mobility. Assist of 2 to boost up in bed. Remind me to urn and reposition with AM/PM cares, before/after meals, with rounds at night, and PRN or as I request. Assist bars on bed to aid with bed mobility. Review of the Annual Facility Assessment dated 7/29/22, provided by the facility revealed the following: staffing is planned in advance and altered upon census in all departments. In addition, staffing in nursing and therapy are altered based upon resident need ant he number of admission and discharges. See grid for average FTE in each area of work with full census. Additionally, there is an emergency staffing plan that includes a conventional phase, contingency phase, and crisis phases. Average FTE at full census/pay period DON, Clinical Mangers, MDS Nurse, Licensed nurse, IP=13.5; and Nursing Assistants, TMA, Restorative Aides 18. Contingency Capacity Strategies dated 1/26/22, indicated: - When staffing shortages occur, healthcare facility and employers may need to implement crisis capacity strategies to continue to provide resident care. - Assigned designee to be responsible for daily assessment of staffing status and needs - initiate enhanced recruitment strategies to increase total headcount - Review essential functions in create prioritize list postpone or staff all nonessential functions and reassign those associates to critical functions	2 800			

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2 800	Continued From page 15 if staffing continues to be a challenge other lower priority functions will be deferred - identify communication for associate notification - minimize meetings and relieve administration responsibilities not related to care - he was equally trained associates from an administrative positions example nurse managers - adjust personnel work schedules - consider offering bonuses or overtime pay for critical shortages while mindful of associate health and burnout contact other Benedictine facilities other community long term care facilities and staffing agencies. Facility policy titled Activities of Daily Living dated 2021, indicated: Purpose: To provide residents with care, treatment and services appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Policy: Residents unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming, personal hygiene, elimination, communication and mobility. Implementation: 1. Care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care) b. Mobility (transfer and ambulation, including walking) c. Elimination (toileting) d. Dining (meals and snacks) e. Communication (speech, language, and any functional communication systems) 2. If residents with cognitive impairment or	2 800			

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2 800	Continued From page 16 dementia exhibit behavioral expressions of resistance to cares, associates will attempt to identify the underlying cause of the problem and not assume the resident is declining or refusing care. Approaching the resident in a different way, or at a different time, or having another associate speak with the resident may be appropriate. 3. If a resident refuses care, associates will approach at a different time, or having another associate speak with the resident as needed. 4. Interventions to improve and/or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice. 5. The resident's response to interventions will be documented, monitored, evaluated and revised as appropriate. SUGGESTED METHOD OF CORRECTION: The administrator, DON or designee could ensure that adequate policy, procedures and programs are developed for sufficient staffing based on the resident population so residents received safe, adequate and timely assistance with toileting, bathing, repositioning, pressure ulcer care, and eating assistance. The facility could educate staff on these policies and perform routine evaluations of resident care to ensure residents are receiving care and services for adequate staffing. The facility could report the findings of these audits to the quality assurance performance improvement (QAPI) committee for further recommendations to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 800			

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2 915	Continued From page 17	2 915			2/10/23
2 915	MN Rule 4658.0525 Subp. 6 A Rehab - ADLs Subp. 6. Activities of daily living. Based on the comprehensive resident assessment, a nursing home must ensure that: A. a resident is given the appropriate treatments and services to maintain or improve abilities in activities of daily living unless deterioration is a normal or characteristic part of the resident's condition. For purposes of this part, activities of daily living includes the resident's ability to: (1) bathe, dress, and groom; (2) transfer and ambulate; (3) use the toilet; (4) eat; and (5) use speech, language, or other functional communication systems; and This MN Requirement is not met as evidenced by: Based on interview, observation, and document review the facility failed to ensure activities of daily living (ADLs) including weekly baths were provided for 2 of 3 residents (R4 and R5) who needed assistance with bathing. Findings include: On 1/5/23, at 9:55 a.m. during a phone interview nursing assistant (NA)-A indicated she was employed as an agency NA from 12/21/22, through 12/26/22. NA-A indicated she was scheduled 16 hour shifts and was routinely responsible for 20 residents during her shift. NA-A indicated as the only NA on her unit during the				

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2 915	Continued From page 18 shifts residents were required to wait for another NA to help assist with activities of daily living, including showers and baths. NA-A indicated during one of her scheduled shifts R5 voiced concerns about missed showers. NA-A further discussed the shortage of staff caused missed showers. On 1/5/23, at 10:51 a.m. NA-B indicated baths would not get done today for residents, due to short staffed, and further indicated two residents who had morning baths, and two evening baths scheduled. NA-B further indicated the facility was short staffed and residents were not able to get baths 50% of the time due to the shortage of staff. On 1/5/23, at 11:24 during an interview licensed practical nurse (LPN)-A indicated bath and shower were not completed at times due to shortage of staff. LPN-A indicated observations of resident's in the same clothes as the day before. On 1/5/23, at 12:01 p.m. during an interview the interim director of nursing (DON) and administrator confirmed residents voiced concerns regarding missed baths and the DON indicated an audit on the missed baths was completed. The DON further indicated there was not documentation on the audit or the concerns from the residents regarding missed baths, and no formal follow up or procedure in place for the missed baths. On 1/5/23, at 12:49 p.m. registered nurse (RN)-A indicated she was temporary at the facility, and further indicated the facility was extremely short staffed, and indicated NA's are not able complete resident's scheduled baths and showers.	2 915			

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2 915	Continued From page 19 On 1/5/23, at 12:53 p.m. NA-C indicated the facility shortage of staff caused resident's missed scheduled baths. On 1/5/23, at 1:03 p.m. during an interview and observation R7 was seated in a wheelchair in her room well groomed, and indicated on Tuesday (1/4/23), her scheduled bath was missed due to shortage of staff. R7 further discussed she would hopefully get her bath on Friday, as she had two baths scheduled per week. R7 indicated routinely only received one of her two baths per week. On 1/5/23, at 1:05 p.m. during an interview and observation R5 was seated in a recliner in his room, hair was matted and uncombed. R5 indicated staff would wash his body, however he did not get a shower or a bath. R5 indicated staff shortage does not allow for him to have a full bath and R5 indicated preference of a bath or a shower, and further indicated he was not sure when his hair was washed last time. R5 indicated staff used a wash cloth to wash his body only once a week. On 1/5/23, at 1:10 p.m. during an interview and observation R4 was in bed with uncombed and matted hair, and R4 indicated 12/25/22, was the last time facility staff washed her with a wash cloth. R4 further indicated she only received bed baths, due to the shortage of staff. R4' s family member (FM)-A indicated she was started on hospice this week, and hopeful hospice will assist with bathing. On 1/5/23, at 3:30 p.m. during an interview the staffing coordinator indicated the facility did not have a formal policy or procedure in place for staff call in's or gaps in the schedule, and further indicated majority of the staff work 12 hour shifts,	2 915			

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2 915	Continued From page 20 and then do not want to come in early or stay late. The staffing coordinator indicated the facility relied on agency staff to fill the schedule and had very few facility staff at the current time. The staffing coordinator indicated staff feedback concerns with residents not receiving scheduled baths, and the staff would try and rearrange the bath schedule if necessary. On 1/5/23, at 3:53 p.m. during a follow up interview the DON indicated started 4/2021 as the interim DON at the facility. The DON confirmed awareness of R4's complaints with missed baths, and further investigated the situation, and followed up with bath audits. The DON indicated the audits were informal and there was no documentation of audits or R4's concerns. The DON indicated some residents were difficult to bathe with one staff member and would receive bed bath if two staff were not available. The DON indicated would expect a full bath on baths days and expected the nurse managers to know the policies and procedures and expectations for the residents and the nurse managers were responsible for follow up with NA's on resident's missed baths. The DON stated she expected resident care plans followed for baths, treatments. The DON confirmed awareness of resident missed baths and no plan or procedure in place to correct the concerns. The DON confirmed staff documented baths in the electronic medical record through point click care. The DON indicated the facility staffing was completed by the staffing coordinator and she was not involved in staffing issues or staffing concerns. The DON confirmed the facility was currently accepting admissions. The DON stated the residents tasks and treatments were expected to be completed daily, and further indicated was a team concept for completion.	2 915			

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2 915	Continued From page 21 Facility grievance report indicated: 12/17/22, family member (FM)-A indicated resident's on Dove wing expressed being upset with the long wait times, and being put into their beds late. 12/9/22, FM-B indicated R4 had not had a shower in 3 weeks. R4's face sheet printed 1/5/23, and indicated diagnoses muscle weakness, pain, dysphasia, and respiratory failure. R4's quarterly Minimum Data Set (MDS), dated 11/1/22, indicated cognitively intact, no behaviors present, no rejection of care, two person physical assist for bed mobility, transfers, dressing, toilet use, and one person physical assist with bathing. R4's care plan dated 11/21/22, indicated R4 had a self-care deficit with the following activities of daily living: bathing, grooming, orals cares, ambulation, mobility, bowel and bladder. I may decline showers if I feel they are too late in the day and interventions included assist of 1 with bathing, Document any participation, whirlpool bath on Mondays before supper, shower on Fridays before supper, bedside bath every AM/PM. R4's record review of baths document titled Point of Care ADL Category Report dated 12/6/22-1/5/23, indicated R4 received a shower on 12/12/22, and documentation indicated R4 was dependent on one person physical assist. R4's record review failed to indicate any other baths in the last 30 days. R5'S face sheet printed 1/5/23,admitted 11/30/22, and diagnoses included muscle weakness and	2 915			

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2 915	Continued From page 22 repeated falls. R5's care plan dated 12/27/22, indicated R5 had a self-care deficit with the following activities of daily living; bathing, grooming, oral cares, ambulation, transferring, mobility, bowel and bladder r/t schizoaffective disorder, bipolar disorder ADLs: Assist of 1 with bathing, dressing, and grooming. Document any participation. Whirlpool bath/shower weekly and PRN. Bedside bath every AM/PM. R5's admission MDS dated 12/5/22, indicated cognitively intact, no behaviors present, no rejection of care, one person physical assist for bed mobility, transfers, dressing, toilet use, personal hygiene, and one person physical assist with bathing. R5's record review of baths document titled Point of Care ADL Category Report dated 12/6/22-1/5/23, indicated R5 received a shower or bath on 12/3/22, 12/7/22, 12/16 and documentation indicated R5 was dependent on one person physical assist, and 12/29/22 record review indicated R5 received a partial bath. R5's record review failed to indicate any other baths in the last 30 days. Facility policy titled Activities of Daily Living dated 2021, indicated: Purpose: To provide residents with care, treatment and services appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Policy: Residents unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming, personal hygiene, elimination, communication and mobility. Implementation:	2 915			

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2 915	Continued From page 23 - Care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: - Hygiene (bathing, dressing, grooming, and oral care) - Mobility (transfer and ambulation, including walking) - Elimination (toileting) - Dining (meals and snacks) - Communication (speech, language, and any functional communication systems) - If residents with cognitive impairment or dementia exhibit behavioral expressions of resistance to cares, associates will attempt to identify the underlying cause of the problem and not assume the resident is declining or refusing care. Approaching the resident in a different way, or at a different time, or having another associate speak with the resident may be appropriate. - If a resident refuses care, associates will approach at a different time, or having another associate speak with the resident as needed. - Interventions to improve and/or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice. - The resident's response to interventions will be documented, monitored, evaluated and revised as appropriate. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON), or designee, could review applicable policies and procedures pertaining to the timely completion of resident activities of daily living (ADLs); then inservice direct care staff on such procedures and audit to ensure ongoing compliance. The facility could	2 915			

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2 915	Continued From page 24 report the findings of these audits to the quality assurance performance improvement (QAPI) committee for further recommendations to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 915			