



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 14, 2024

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

RE: CCN: 245501
Cycle Start Date: December 12, 2023

Dear Administrator:

On February 20, 2024, we notified you a remedy was imposed. On March 6, 2024, the Minnesota Department of Health, and on March 13, 2024 the Minnesota Department of Public Safety, completed revisits to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of March 1, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective March 20, 2024, did not go into effect. (42 CFR 488.417 (b))

In our letter of February 20, 2024, 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 March 20, 2024, due to denial of payment for new admissions. Since your facility attained substantial compliance on March 1, 2024, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies. Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'Holly Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
Office: 651-201-4384
Email: holly.zahler@state.mn.us



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March 14, 2024

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

Re: Reinspection Results
Event ID: 89ZF12

Dear Administrator:

On March 6, 2024, survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on February 7, 2024. 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 that reads 'H. Zahler'.

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 20, 2024

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

RE: CCN: 245501
Cycle Start Date: December 20, 2023

Dear Administrator:

On January 9, 2024, we informed you that we may impose enforcement remedies.

On February 7, 2024, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective March 20, 2024

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective March 20, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective March 20, 2024.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,995, has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by March 20, 2024, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Benedictine Living Community Of St. Peter will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 20, 2024. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care

Benedictine Living Community of St. Peter

February 20, 2024

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deficiencies (those preceded by a "F" and/or an "E"tag), i.e., the plan of correction should be directed to:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by June 20, 2024 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

**Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490**

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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

Benedictine Living Community of St. Peter

February 20, 2024

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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://forms.web.health.state.mn.us/form/NHDisputeResolution>

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,



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

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

PRINTED: 02/26/2024
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 02/07/2024
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE LIVING COMMUNITY OF ST. PETER	STREET ADDRESS, CITY, STATE, ZIP CODE 1907 KLEIN STREET ST PETER, MN 56082
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>On 2/6/24 and 2/7/24 a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed: H55019528C (MN00100449, MN00100477) with a deficiencies cited at F695 and F726.</p> <p>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.</p> <p>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.</p>	F 000		
F 695 SS=D	<p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced</p>	F 695		3/1/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/23/2024
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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 695	<p>Continued From page 1</p> <p>by: Based on interview and document review the facility failed to provide and evaluate the effectiveness of physician ordered respiratory cough stimulator treatment (machine used to simulate a cough to help person clear mucus from lungs) for 1 out of 1 resident (R1) reviewed who required respiratory care.</p> <p>Findings include:</p> <p>R1's Admission Record identified R1 had diagnoses of amyotrophic lateral sclerosis (ALS)- (a disease that affects nerve cells in the brain and spinal cord. Symptoms can begin in the muscles that control speech & swallowing or in the extremities) and dyspnea (difficulty breathing).</p> <p>R1's department of Neurology order dated 8/16/22, identified R1 had an order for durable medical equipment (DME) cough stimulating device, alternating positive and negative pressure. Order included: Synclara Device to be set for effectiveness and comfort with suggested pressure setting of 35 inspiratory and 2 inspiratory time with same setting and time for expiratory pressures and time delivered by mask. If well, perform treatment two times a day 10 cycles and if ill, perform treatment four times a day and as needed for as many cycles as needed to clear mucus. Other forms of airway clearance are not an option because of the decreased expiratory flow and patient intolerance.</p> <p>R1's significant change Minimum Data Set (MDS) dated 11/30/23, indicated R1 was cognitively intact, was dependent on staff for all ADL's but was independent with wheeling self once seated in wheelchair/scooter. MDS indicated R1 had 1 to</p>	F 695	<p>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.</p> <p>The plan of correction is prepared and/or executed in accordance with federal and state law requirements.</p> <p>F695 The policy and procedure on oxygen therapy was reviewed by the DON and is current.</p> <p>No other residents identified who could be affecting in a similar manner. R1 is only resident residing in the facility who utilized cough assist device.</p> <p>Nurses have been educated on the manufactures' recommendation and procedure for use of the cough assist via meeting that occurred on 2-15-24 hosted by device manufacturer. For those nurses who could not attend they were required to watch a recording of the training and meet one-on-one with staff development nurse. Staff development nurse met with nurses and confirmed competency via hands on demonstration and verbal recall. DME Corner Medical will be providing hands-on in-service on 2/29/24 to further instruct on use of the cough assist. All nurses will be educated on documentation timeliness and when to notify provider if treatment is late or held.</p> <p>Review of administration record done by DON; was noted that 9 of the 11 omissions of the treatment the same LPN</p>	

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F 695	<p>Continued From page 2</p> <p>3 days of verbal behaviors directed towards others during the assessment period.</p> <p>R1's care plan dated 12/29/23, indicated R1 was at risk for ineffective airway clearance and significant respiratory distress related to ALS and overall functional decline need of cough assist machine, Bipap, oxygen, oral cares to remove excess secretion from mouth. Resident has specific preferences with positioning during use of cough assist, and bed mobility. Resident has a history of refusing interventions to promote good respiratory health. Approach dated 12/29/23 monitor for signs of hypoxia. 12/29/23 monitor for signs of respiratory distress. 12/29/23 use cough assist as per provider order.</p> <p>R1's physician orders dated 11/10/23 and 12/6/24, included: cough assist machine, special instructions: Please watch video prior to first administration. https://youtu.be/-zls-Y9ParY. Hold mask to face and hold back of head firmly. After 8 cycles the machine will stop, then clean my mouth out with the toothettes and a cloth/tissue. (Diagnosis: amyotrophic lateral sclerosis) Twice a day Mornings 5:00 a.m. -7:00 a.m. Bedtime 9:00 p.m.-11:30 p.m.</p> <p>R1's care plan nor physician orders identified the settings for the cough assist machine.</p> <p>R1's medication administration record (MAR) dated 11/15/23-11/30/23, included the aforementioned order. The documentation indicated R1 was not administered the treatment on the morning of 11/22/23; R1's record did not include why the treatment was not administered.</p> <p>R1's December 2023 indicated R1 was not</p>	F 695	<p>was working. LPN was contracted through an agency and has not been in scheduled since 01/24/24 and it is not anticipated that she will return as her contract had ended. Education will be provided if she does return to facility.</p> <p>Cough assist orders adjusted to instruct nurses to verify appropriate machine setting and added a follow up task for nurse to assess effectiveness</p> <p>DON or designee will audit cough assist orders weekly x 3 and then every other week x 3 to determine compliance with use and documentation of cough assist. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audit.</p> <p>Date of Compliance: March 1, 2024</p>	

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F 695	<p>Continued From page 3</p> <p>administered the breathing treatment seven (7) times during the month; the missed treatments did not include the occurrences that R1 refused.</p> <p>-On 12/1/23, a.m.) not administered as R1 was away getting a bath. Documentation did not identify if the treatment was later offered.</p> <p>-On 12/6/23, p.m. documented resident refused, however did not identify why R1 refused or if a subsequent attempt was made.</p> <p>-On 12/7/23, a.m. no documentation of administration or reason for omission.</p> <p>-On 12/10/23, a.m. no documentation of administration or reason for omission.</p> <p>-On 12/12/23, a.m. documentation of refusal, however, did not identify why R1 refused or if a subsequent attempt was made.</p> <p>-On 12/13/23, a.m. no documentation of administration or reason for omission.</p> <p>-On 12/14 /24 a.m., no documentation of administration or reason for omission.</p> <p>-On 12/18/23, the a.m. treatment indicated R1 declined. Evening (p.m.) documentation indicated R1 attempted to do cough assist machine but when machine was started, he became upset. The record did not identify how much of the treatment was completed.</p> <p>-On 12/19/23, a.m. not administered reproached before lunch and apologized for not getting back to him earlier to complete and he refused.</p> <p>-On 12/22/23, a.m. no documentation of administration or reason for omission.</p> <p>-On 12/27/23, a.m. no documentation of administration or reason for omission.</p> <p>-On 12/28/23, a.m. no documentation of administration or reason for omission.</p> <p>-On 12/29/23, a.m. not administered R1 refused offered times 4 and refused times 3.</p> <p>R1's January 2024 MAR R1 was not administered</p>	F 695		

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F 695	<p>Continued From page 4</p> <p>the breathing treatment seven (7) times during the month, not including the occurrences when R1 refused.</p> <p>-On 1/8/24, a.m. documented resident refused. Corresponding progress note dated 1/18/24 at 6:48 a.m. included, cough assist stopped mid cycle, resident wanted a different position. Second attempt also stopped by resident verbalizing it was the same and resident refused to try again.</p> <p>-On 1/11/24, a.m. no documentation of administration or reason for omission.</p> <p>-On 1/12, /24 a.m. R1 refused.</p> <p>-On 1/15/24, a.m. no documentation of administration or reason for omission</p> <p>-On 1/18/24, p.m. documented as not needed.</p> <p>-On 1/18/24, a.m. documented as not needed.</p> <p>-On 1/23/24, a.m. documented as completed by other staff not writer.</p> <p>-On 1/24/24, a.m. no documentation of administration or reason for omission.</p> <p>-On 1/25/24, a.m. no documentation of administration or reason for omission.</p> <p>R1's nursing notes reviewed in conjunction with the MAR between 1/6/24 and 2/3/24, identified inconsistent documentation of assessment/evaluation of the effectiveness and tolerance of the cough assist treatment for both scheduled administrations. Examples included but were not limited to:</p> <p>-On 1/5/24, 1/6/24, and 1/7/24 no indication of a completed evaluation for effectiveness and tolerance.</p> <p>-On 1/8/24, at 5:31 p.m. progress note indicated cough assist was not done in the morning because R1 did not need it or request throughout the shift, even though the physician order directed twice a day treatment.</p>	F 695		

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F 695	<p>Continued From page 5</p> <ul style="list-style-type: none"> -On 1/9/24 and 1/10/24, there was no indication of completed evaluation for effectiveness or treatment. -On 1/11/24 at 6:38 p.m. the progress note indicated cough assist was not done in the morning because the nurse not asking if R1 needed it and R1 did not request the treatment. -On 1/12/24, progress notes indicated R1 refused the morning treatment; notes did not identify if the treatment was later offered. There was no documentation for the evening administration. -On 1/13/24, 1/14/24, and 1/15/24, no indication of completed evaluation for effectiveness and tolerance. -On 1/16/24 at 1:42 a.m. note indicated cough assist done, has clear-whitish secretions, note at 7:37 p.m. indicated R1 was short of breath today and reported he was short of breath all the time. No indication cough assist was attempted, or respiratory assessment completed. -On 1/18/24, at 6:48 a.m. indicated the cough assist stopped in mid cycle, R1 wanted it in a different position. Second attempt was also stopped by R1 verbalizing it was still the same. R1 refused to try again. -On 1/19/24 at 3:33 p.m. Covid test was positive. Progress notes did not identify the use of cough assist. -On 1/20/24, no indication of a completed evaluation for effectiveness and tolerance. -On 1/23/24 at 8:18 a.m. resident became irritated while nurse was placing mask for cough assist. The treatment was not administered. -On 1/24/24 and evening shift 1/25/24, no indication of a completed evaluation for effectiveness and tolerance. -On 1/26/24, progress notes indicated R1 had rubs in his right middle lobe and crackles in bilateral bases. He doesn't feel like he has any 	F 695		

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F 695	<p>Continued From page 6</p> <p>more sputum production. Difficult to clear secretions. Color is white/yellow. R1 has occasional shortness of breath. Notes did not indicate cough was used.</p> <p>-On 1/27/24 and 1/28/24, there was no indication of completed evaluation for effectiveness or treatment.</p> <p>During an interview on 2/6/24, at 10:40 a.m., R1 stated staff who would get him ready in the morning often forgot to do the cough assist unless he reminds them.</p> <p>During on interview on 2/7/24, at 11:56 a.m. family member (FM)-A stated she had concerned that cough assist was not being completed at the facility. FM-A stated R1 had covid positive test and she had asked to facility to provide extra cough assist during that time and was informed by R1 that it had not been getting done as well as she had a c.m. in the room and was observing that it had not been done. FM-A stated on 1/28/24 they had called the facility around 7:00 p.m. and asked for a nurse to go and help provide R1 with cough assist and to bed. FM-A stated no one went and assisted him until around 11:00 p.m.</p> <p>During an interview on 2/6/24 at 12:27 p.m. NA-A stated she has administered R1's cough assist and has been asked by nurses to complete it because the nurse didn't know how. NA-A stated about a week ago she provided cough assist to R1 because he was up and needed it, so she just did it. NA-A explained she could tell if the treatment was effective if there was secretions in the mask and R1 would tell her it was effective.</p> <p>During an interview on 2/8/24, at 9:33 a.m. nursing assist (NA)-C stated he was the one who</p>	F 695		

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F 695	<p>Continued From page 7</p> <p>has provided R1 with cough assist when he was working. He stated if he was not at the facility, he knew that it usually was not getting done. NA-C stated R1 informed him that only 4 people knew how to do the cough assist correctly and he was one of the few.</p> <p>During an interview on 2/8/24 at 9:33 a.m. NA-C stated he has worked with R1 for a little over two months and was trained to use the cough assist by a previous NA who had worked with R1. NA-C stated he has provided the cough assist to R1 at least 20 times since he has started working with him and knows of only one nurse who has provided R1 with the cough assist while he was working. NA-C stated he would not know how to complete a respiratory assessment and did not know what all was involved as he was not a nurse and did not go to school for that. He stated he would inform the nurses he had completed the cough assist and figured the nurses knew what to do. NA-C did not know what settings the machine should be on, or if the settings were correct as he would just turn the machine on and R1 would let him know if it was working correctly or not.</p> <p>During an interview on 2/6/24 at 2:29 p.m. registered (RN)-A stated R1 was particular on who he lets do his cares. RN-A stated NA-C did the cough assist this morning. RN-A indicated she did not go in and evaluate the effectiveness of the breathing treatment. RN-A indicated when she has been assigned to R1, she has never completed the breathing treatment even though she had experience working with the device in another care setting. RN-A also reported had never completed a respiratory assessment on R1.</p>	F 695		

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F 695	<p>Continued From page 8</p> <p>During an interview on 2/6/24 at 11:29 a.m. with hospice registered nurse (HRN) stated R1's disease was progressing, and he needed cough assist. R1 could aspirate on his own secretions so a nurse should be present when cough assist was being completed. HRA stated she sent forms how to use cough assist in email to the facility along with a link with a video describing how to use the cough assist machine. She stated she was not sure how the staff are being educated at the facility because they didn't have access to email. HRN stated R1 complains at 90% of her visits that the staff do not know how to use cough assist. HRN stated she did feel that all nurses who work with R1 should be trained on how to use the cough assist machine.</p> <p>During an interview on 2/6/24, at 2:46 p.m. director of nursing (DON) stated she was not aware R1 was not getting his cough assist and also was not aware NA's were the ones providing it. DON stated she was working on the investigation and had informed all nurses that only they were supposed to be providing the cough assist. DON stated the nurses should be following the providers orders as written in the MAR.</p> <p>During an interview on 2/8/24, at 9:06 a.m. representative of the manufacturer and licensed respiratory therapist stated R1's cough machine has been FDA approved for 3 years to help clear the lungs of secretions and maintain the airways of people who are too weak to produce a natural productive cough. If a person was to retain secretions in the lungs these secretions could serve as a source of infection and or aspiration. The representative also stated they train all durable medical equipment suppliers of their</p>	F 695		

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F 695	<p>Continued From page 9</p> <p>machine, and this training is to be passed down to the front-line person to make sure the front line clinical staff are trained on how to use the cough assist machine properly.</p> <p>A specific cough assistant policy or protocol and or a treatment policy was requested however none received.</p> <p>BiWaze cough user manual Issue date: February 2023, indicated, The BiWaze® Cough device helps to clear bronchopulmonary secretions from the respiratory system by providing a therapy which mimics a cough. The therapy consists of three phases which mimic a cough; inhale, exhale, and pause phase. The inhale phase is positive airway pressure to expand the lungs. Then exhale phase is a sudden shift to negative pressure to pull the air out of lungs. Finally, the pause phase provides a rest before the next inhale phase. BiWaze allows for positive pressure to be delivered during the pause phase to keep the airways open in between the inhale and exhale phases. Use BiWaze Cough only as directed by a physician or healthcare provider. Use BiWaze Cough only for the intended use as described in this manual. Advice contained in this manual does not supersede instructions given by the prescribing physician. Read the entire manual before using BiWaze Cough.</p> <p>The operator should read and understand this entire manual before using the device.</p> <p>BiWaze Cough is a restricted medical device intended for use by qualified, trained personnel under the direction of a physician.</p> <p>BiWaze Cough is not intended to be operated by persons (including children) with reduced physical, sensory or mental capabilities without adequate supervision by a person responsible for</p>	F 695		

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F 695	Continued From page 10 the patient's safety. Therapy shall not be performed on a patient without a Bacterial/Viral (B/V) filter along the Breathing Circuit. Always use a new bacterial filter when using the device on a new patient. Confirm all settings before each treatment. Soreness and/or pain in the chest from a pulled muscle may occur in patients using BiWaze Cough for the first time if the positive pressure used exceeds pressures which the patient normally receives during Positive Pressure Therapy. Such patients should start at a lower positive pressure during treatment, and gradually increase the positive pressure used based on patient tolerance and comfort. Facility Policy titled, Oxygen Therapy, stated residents are assessed to ensure their respiratory needs are being met. Residents identified in need of oxygen therapy have interventions/equipment implemented in accordance with the resident-centered care plan	F 695		
F 726 SS=D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services 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).	F 726		3/1/24

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F 726	<p>Continued From page 11</p> <p>§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, and document review, the facility failed to ensure licensed nursing staff demonstrated competency skills related to use of BiWaze cough system (machine used to simulate a cough to help person clear mucus from lungs) for 1 of 1 resident (R1), reviewed for respiratory care.</p> <p>Findings include:</p> <p>SEE F695: Based on interview and document review the facility failed to provide and evaluate the effectiveness of physician ordered respiratory cough stimulator treatment (machine used to simulate a cough to help person clear mucus from lungs) for 1 out of 1 resident (R1) reviewed who required respiratory care.</p> <p>R1's Admission Record identified R1 had</p>	F 726	<p>F726 The policy and procedure on nursing competency was reviewed by the DON and is current No other residents identified who could be affecting in a similar manner. R1 is only resident residing in the facility who utilized cough assist device. Nurses have been educated on the manufactures' recommendations and procedure for use of the cough assist via meeting that occurred on 2-15-24 hosted by device manufacturer. For those nurses who could not attend they were required to watch a recording of the training and meet one-on-one with staff development nurse. Staff development nurse met with nurses and confirmed competency via hands on demonstration and verbal recall.</p>	

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F 726	<p>Continued From page 12</p> <p>diagnoses of amyotrophic lateral sclerosis (ALS)- (a disease that affects nerve cells in the brain and spinal cord. Symptoms can begin in the muscles that control speech & swallowing or in the extremities) and dyspnea (difficulty breathing).</p> <p>R1's department of Neurology order dated 8/16/22 indicated R1 had an order for durable medical equipment (DME) cough stimulating device, alternating positive and negative pressure. Order indicated Synclara Device to be set for effectiveness and comfort with suggest pressure of 35 inspiratory pressure and 2 inspiratory pressures delivered by mask. If well to be done, two times a day 10 cycles and if ill to be done four times a day and as needed as many cycles to clear mucus. Other forms of airway clearance are not an option because of the decreased expiratory flow and patient intolerance.</p> <p>R1's physician order dated 11/10/23 and 12/6/23, included cough assist machine, special instructions: Please watch video prior to first administration. https://youtu.be/-zls-Y9PaY.. Hold mask to face and hold back of head firmly. After 8 cycles the machine will stop, then clean my mouth out with the toothettes and a cloth/tissue. (Diagnosis: Amyotrophic lateral sclerosis- (a disease that affects nerve cells in the brain and spinal cord. Symptoms can begin in the muscles that control speech & swallowing or in the extremities.)) Twice a day Mornings 5:00 a.m. -7:00 a.m. Bedtime 9:00 p.m.-11:30 p.m.</p> <p>R1's significant change Minimum Data Set (MDS) dated 11/30/23, indicated R1 was cognitively intact, was dependent on staff for most ADL's.</p> <p>R1's care plan dated 12/29/23 indicated at risk for</p>	F 726	<p>DME Corner Medical will be providing hands-on in-service on 2/29/24 to further instruct on use of the cough assist. All nurses will be educated on documentation timeliness and when to notify provider if treatment is late or held.</p> <p>Review of administration record done by DON; was noted that 9 of the 11 omissions of the treatment the same LPN was working. LPN was contracted through an agency and has not been in scheduled since 01/24/24 and it is not anticipated that she will return as her contract had ended. Education will be provided if she does return to facility.</p> <p>Cough assist orders adjusted to instruct nurses to verify appropriate machine setting and added a follow up task for nurse to assess effectiveness</p> <p>DON or designee will randomly audit competency of nurse weekly x 3 weeks and they every other week x 3 weeks. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audit.</p> <p>Date of Compliance: March 1, 2024</p>	

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F 726	<p>Continued From page 13</p> <p>ineffective airway clearance and significant respiratory distress related to ALS and overall functional decline need of cough assist machine, Bipap, oxygen, oral cares to remove excess secretion from mouth.</p> <p>The facility did not have evidence staff were trained and competent to use the cough assist machine. Further when asked for the manual for the cough assist machine, one was not located and provided during the survey. The video identified in the physician orders was reviewed in conjunction with the manufacturer's instruction manual; the video was approximately 2 minutes and demonstrated how to apply the machine, however, did not address all of the safety information and care of the machine outlined in the manual.</p> <p>During an interview on 2/6/24 at 9:39 a.m., R1 stated the facility has a lot of newer staff and did not feel they had been trained very well. R1 indicated that he was worried about his safety and injury from incompetent staff. R1 stated he has been educating staff since his arrival.</p> <p>During an interview on 2/6/24 at 12:27 p.m. NA-A stated R1 was particular on who he allowed to complete his cares. NA-A stated she has administered R1's cough assist and has been asked by nurses to complete it because the nurse did not know how. NA-A stated about a week ago she provided cough assist to R1 because he was up and needed it, so she just did it. NA-A stated she did not know if the new nurses got any training on R1's treatments. R1 has told her only some staff knew how to use it correctly and others did not know how to hold the mask so that it did not leak. NA-A stated she felt all nurses</p>	F 726		

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F 726	<p>Continued From page 14</p> <p>should get trained by somebody not just watch the video. NA-A indicated the hospice nurse showed her how to do use the equipment, however, could not remember the training date, and the training was not documented. Additionally, R1 would also instruct how to use the device. NA-A explained she could tell if the treatment was effective if there were secretions in the mask and R1 would tell her it was effective.</p> <p>During an interview on 2/8/24 at 9:33 a.m. NA-C stated he has worked with R1 for a little over two months and was trained to use the cough assist by a previous NA who had worked with R1. NA-C stated he has provided the cough assist to R1 at least 20 times since he has started working with him and knows of only one nurse who has provided R1 with the cough assist while he was working. NA-C stated he would not know how to complete a respiratory assessment and did not know what all was involved as he was not a nurse and did not go to school for that. He stated he would inform the nurses he had completed the cough assist and figured the nurses knew what to do. NA-C did not know what settings the machine should be on, or if the settings were correct as he would just turn the machine on and R1 would let him know if it was working correctly or not.</p> <p>During an interview on 2/6/24 at 2:29 p.m. registered nurse (RN)-A stated R1 was particular on who provided his cares. RN-A stated NA-C did the cough assist this morning. RN-A indicated she did not go in and evaluate the effectiveness of the breathing treatment. RN-A indicated when she has been assigned to R1, she has never completed the breathing treatment even though she had experience working with the device in another care setting. RN-A also reported had</p>	F 726		

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F 726	<p>Continued From page 15</p> <p>never completed a respiratory assessment on R1.</p> <p>During an interview on 2/6/24 at 11:29 a.m. with hospice registered nurse (HRN) stated R1's disease was progressing, and he needed cough assist. R1 could aspirate on his own secretions so a nurse should be present when cough assist was being completed. HRN stated she sent forms how to use cough assist in email to the facility along with a link with a video describing how to use the cough assist machine. She stated she was not sure how the staff were being educated at the facility because they didn't have access to email. HRN stated R1 complains at 90% of her visits that the staff do not know how to use cough assist. HRN stated she did feel that all nurses who work with R1 should be trained on how to use the cough assist machine.</p> <p>During an interview on 2/8/24 at 9:06 a.m. representative BiWaze and licensed respiratory therapist stated R1's cough machine has been FDA approved for 3 years to help clear the lungs of secretions and maintain the airways of people who were too weak to produce a natural productive cough. If a person was to retain secretions in the lungs these secretions could serve as a source of infection and or aspiration. The representative also stated they train all durable medical equipment suppliers of their machine, and this training was to be passed down to the front-line person to make sure the front line clinical staff are trained on how to use the cough assist machine properly.</p> <p>During an interview on 2/6/24 at 2:46 p.m. director of nursing (DON) stated nurses should be the only staff providing cough assist to R1.</p>	F 726		

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(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 726	<p>Continued From page 16</p> <p>She confirmed the risk associated to using the cough assist machine and stated this treatment should not be delegated and only completed by a nurse. DON stated she was aware that some nurses were uncomfortable with administering the cough assist. DON admitted she had limited experience with it. DON stated staff had been asked to copy and paste the link out of the MAR and watch the video before administering the cough assist for the first time. DON denied any other training offered or auditing to make sure this had been completed.</p> <p>BiWaze cough user manual Issue date: February 2023, indicated, The BiWaze® Cough device helps to clear bronchopulmonary secretions from the respiratory system by providing a therapy which mimics a cough; inhale, exhale, and pause phase. The inhale phase is positive airway pressure to expand the lungs. Then exhale phase is a sudden shift to negative pressure to pull the air out of lungs. Finally, the pause phase provides a rest before the next inhale phase. BiWaze allows for positive pressure to be delivered during the pause phase to keep the airways open in between the inhale and exhale phases. Use BiWaze Cough only as directed by a physician or healthcare provider. Use BiWaze Cough only for the intended use as described in this manual. Advice contained in this manual does not supersede instructions given by the prescribing physician. Read the entire manual before using BiWaze Cough.</p> <p>" The operator should read and understand this entire manual before using the device.</p> <p>" BiWaze Cough is a restricted medical device intended for use by qualified, trained personnel under the direction of a physician.</p>	F 726		

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

PRINTED: 02/26/2024
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 02/07/2024
NAME OF PROVIDER OR SUPPLIER BENEDICTINE LIVING COMMUNITY OF ST. PETER		STREET ADDRESS, CITY, STATE, ZIP CODE 1907 KLEIN STREET ST PETER, MN 56082		
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F 726	<p>Continued From page 17</p> <p>" BiWaze Cough is not intended to be operated by persons (including children) with reduced physical, sensory or mental capabilities without adequate supervision by a person responsible for the patient's safety.</p> <p>" Therapy shall not be performed on a patient without a Bacterial/Viral (B/V) filter along the Breathing Circuit.</p> <p>" Always use a new bacterial filter when using the device on a new patient.</p> <p>" Confirm all settings before each treatment.</p> <p>" Soreness and/or pain in the chest from a pulled muscle may occur in patients using BiWaze Cough for the first time if the positive pressure used exceeds pressures which the patient normally receives during Positive Pressure Therapy. Such patients should start at a lower positive pressure during treatment, and gradually increase the positive pressure used based on patient tolerance and comfort.</p> <p>Facility Policy titled, Oxygen Therapy, stated residents are assessed to ensure their respiratory needs are being met. Residents identified in need of oxygen therapy have interventions/equipment implemented in accordance with the resident-centered care plan.</p>	F 726		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 20, 2024

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

Re: State Nursing Home Licensing Orders
Event ID: 89ZF11

Dear Administrator:

The above facility was surveyed on February 6, 2024 through February 7, 2024, 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.

Benedictine Living Community of St. Peter

February 20, 2024

Page 2

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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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.



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

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 02/07/2024
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE LIVING COMMUNITY OF ST. PE'	STREET ADDRESS, CITY, STATE, ZIP CODE 1907 KLEIN STREET ST PETER, MN 56082
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 2/6/24 and 2/7/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was 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.</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/23/24
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>The following complaints were reviewed. H55019528C (MN00100449, MN00100477) with a licensing orders issued at 0300 and 0830. 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.</p> <p>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 state form.</p> <p>PLEASE DISREGARD THE HEADING OF THE</p>	2 000		
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Minnesota Department of Health

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2 000	Continued From page 2 FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 300	<p>MN Rule 4658.0105 Competency</p> <p>A nursing home must ensure that direct care staff are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through the comprehensive resident assessments and described in the comprehensive plan of care, and are able to perform their assigned duties.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and document review, the facility failed to ensure licensed nursing staff demonstrated competency skills related to use of BiWaze cough system (machine used to simulate a cough to help person clear mucus from lungs) for 1 of 1 resident (R1), reviewed for respiratory care.</p> <p>Findings include: SEE F695: Based on interview and document review the facility failed to provide and evaluate the effectiveness of physician ordered respiratory cough stimulator treatment (machine used to simulate a cough to help person clear mucus from lungs) for 1 out of 1 resident (R1) reviewed who required respiratory care.</p> <p>R1's Admission Record identified R1 had diagnoses of amyotrophic lateral sclerosis (ALS)- (a disease that affects nerve cells in the brain and spinal cord. Symptoms can begin in the muscles</p>	2 300	<p>The policy and procedure on oxygen therapy was reviewed by the DON and is current.</p> <p>No other residents identified who could be affecting in a similar manner. R1 is only resident residing in the facility who utilized cough assist device.</p> <p>Nurses have been educated on the manufactures <input type="checkbox"/> recommendation and procedure for use of the cough assist via meeting that occurred on 2-15-24 hosted by device manufacturer. For those nurses who could not attend they were required to watch a recording of the training and meet one-on-one with staff development nurse. Staff development nurse met with nurses and confirmed competency via hands on demonstration and verbal recall.</p> <p>DME Corner Medical will be providing hands-on in-service on 2/29/24 to further instruct on use of the cough assist. All nurses will be educated on documentation</p>	3/1/24

Minnesota Department of Health

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2 300	<p>Continued From page 3</p> <p>that control speech & swallowing or in the extremities) and dyspnea (difficulty breathing).</p> <p>R1's department of Neurology order dated 8/16/22 indicated R1 had an order for durable medical equipment (DME) cough stimulating device, alternating positive and negative pressure. Order indicated Synclara Device to be set for effectiveness and comfort with suggest pressure of 35 inspiratory pressure and 2 inspiratory pressures delivered by mask. If well to be done, two times a day 10 cycles and if ill to be done four times a day and as needed as many cycles to clear mucus. Other forms of airway clearance are not an option because of the decreased expiratory flow and patient intolerance.</p> <p>R1's physician order dated 11/10/23 and 12/6/23, included cough assist machine, special instructions: Please watch video prior to first administration. https://youtu.be/-zls-Y9ParY.. Hold mask to face and hold back of head firmly. After 8 cycles the machine will stop, then clean my mouth out with the toothettes and a cloth/tissue. (Diagnosis: Amyotrophic lateral sclerosis- (a disease that affects nerve cells in the brain and spinal cord. Symptoms can begin in the muscles that control speech & swallowing or in the extremities.)) Twice a day Mornings 5:00 a.m. -7:00 a.m. Bedtime 9:00 p.m.-11:30 p.m.</p> <p>R1's significant change Minimum Data Set (MDS) dated 11/30/23, indicated R1 was cognitively intact, was dependent on staff for most ADL's.</p> <p>R1's care plan dated 12/29/23 indicated at risk for ineffective airway clearance and significant respiratory distress related to ALS and overall functional decline need of cough assist machine, Bipap, oxygen, oral cares to remove excess</p>	2 300	<p>timeliness and when to notify provider if treatment is late or held.</p> <p>Review of administration record done by DON; was noted that 9 of the 11 omissions of the treatment the same LPN was working. LPN was contracted through an agency and has not been in scheduled since 01/24/24 and it is not anticipated that she will return as her contract had ended. Education will be provided if she does return to facility.</p> <p>Cough assist orders adjusted to instruct nurses to verify appropriate machine setting and added a follow up task for nurse to assess effectiveness</p> <p>DON or designee will audit cough assist orders weekly x 3 and then every other week x 3 to determine compliance with use and documentation of cough assist. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audit.</p> <p>Date of Compliance: March 1, 2024</p>	
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2 300	<p>Continued From page 4</p> <p>secretion from mouth.</p> <p>The facility did not have evidence staff were trained and competent to use the cough assist machine. Further when asked for the manual for the cough assist machine, one was not located and provided during the survey. The video identified in the physician orders was reviewed in conjunction with the manufacturer's instruction manual; the video was approximately 2 minutes and demonstrated how to apply the machine, however, did not address all of the safety information and care of the machine outlined in the manual.</p> <p>During an interview on 2/6/24 at 9:39 a.m., R1 stated the facility has a lot of newer staff and did not feel they had been trained very well. R1 indicated that he was worried about his safety and injury from incompetent staff. R1 stated he has been educating staff since his arrival.</p> <p>During an interview on 2/6/24 at 12:27 p.m. NA-A stated R1 was particular on who he allowed to complete his cares. NA-A stated she has administered R1's cough assist and has been asked by nurses to complete it because the nurse did not know how. NA-A stated about a week ago she provided cough assist to R1 because he was up and needed it, so she just did it. NA-A stated she did not know if the new nurses got any training on R1's treatments. R1 has told her only some staff knew how to use it correctly and others did not know how to hold the mask so that it did not leak. NA-A stated she felt all nurses should get trained by somebody not just watch the video. NA-A indicated the hospice nurse showed her how to do use the equipment, however, could not remember the training date, and the training was not documented.</p>	2 300		
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2 300	<p>Continued From page 5</p> <p>Additionally, R1 would also instruct how to use the device. NA-A explained she could tell if the treatment was effective if there were secretions in the mask and R1 would tell her it was effective.</p> <p>During an interview on 2/8/24 at 9:33 a.m. NA-C stated he has worked with R1 for a little over two months and was trained to use the cough assist by a previous NA who had worked with R1. NA-C stated he has provided the cough assist to R1 at least 20 times since he has started working with him and knows of only one nurse who has provided R1 with the cough assist while he was working. NA-C stated he would not know how to complete a respiratory assessment and did not know what all was involved as he was not a nurse and did not go to school for that. He stated he would inform the nurses he had completed the cough assist and figured the nurses knew what to do. NA-C did not know what settings the machine should be on, or if the settings were correct as he would just turn the machine on and R1 would let him know if it was working correctly or not.</p> <p>During an interview on 2/6/24 at 2:29 p.m. registered nurse (RN)-A stated R1 was particular on who provided his cares. RN-A stated NA-C did the cough assist this morning. RN-A indicated she did not go in and evaluate the effectiveness of the breathing treatment. RN-A indicated when she has been assigned to R1, she has never completed the breathing treatment even though she had experience working with the device in another care setting. RN-A also reported had never completed a respiratory assessment on R1.</p> <p>During an interview on 2/6/24 at 11:29 a.m. with hospice registered nurse (HRN) stated R1's disease was progressing, and he needed cough</p>	2 300		

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2 300	<p>Continued From page 6</p> <p>assist. R1 could aspirate on his own secretions so a nurse should be present when cough assist was being completed. HRN stated she sent forms how to use cough assist in email to the facility along with a link with a video describing how to use the cough assist machine. She stated she was not sure how the staff were being educated at the facility because they didn't have access to email. HRN stated R1 complains at 90% of her visits that the staff do not know how to use cough assist. HRN stated she did feel that all nurses who work with R1 should be trained on how to use the cough assist machine.</p> <p>During an interview on 2/8/24 at 9:06 a.m. representative BiWaze and licensed respiratory therapist stated R1's cough machine has been FDA approved for 3 years to help clear the lungs of secretions and maintain the airways of people who were too weak to produce a natural productive cough. If a person was to retain secretions in the lungs these secretions could serve as a source of infection and or aspiration. The representative also stated they train all durable medical equipment suppliers of their machine, and this training was to be passed down to the front-line person to make sure the front line clinical staff are trained on how to use the cough assist machine properly.</p> <p>During an interview on 2/6/24 at 2:46 p.m. director of nursing (DON) stated nurses should be the only staff providing cough assist to R1. She confirmed the risk associated to using the cough assist machine and stated this treatment should not be delegated and only completed by a nurse. DON stated she was aware that some nurses were uncomfortable with administering the cough assist. DON admitted she had limited experience with it. DON stated staff had been</p>	2 300		

Minnesota Department of Health

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2 300	<p>Continued From page 7</p> <p>asked to copy and paste the link out of the MAR and watch the video before administering the cough assist for the first time. DON denied any other training offered or auditing to make sure this had been completed.</p> <p>BiWaze cough user manual Issue date: February 2023, indicated, The BiWaze® Cough device helps to clear bronchopulmonary secretions from the respiratory system by providing a therapy which mimics a cough. The therapy consists of three phases which mimic a cough; inhale, exhale, and pause phase. The inhale phase is positive airway pressure to expand the lungs. Then exhale phase is a sudden shift to negative pressure to pull the air out of lungs. Finally, the pause phase provides a rest before the next inhale phase. BiWaze allows for positive pressure to be delivered during the pause phase to keep the airways open in between the inhale and exhale phases. Use BiWaze Cough only as directed by a physician or healthcare provider. Use BiWaze Cough only for the intended use as described in this manual. Advice contained in this manual does not supersede instructions given by the prescribing physician. Read the entire manual before using BiWaze Cough.</p> <p>" The operator should read and understand this entire manual before using the device.</p> <p>" BiWaze Cough is a restricted medical device intended for use by qualified, trained personnel under the direction of a physician.</p> <p>" BiWaze Cough is not intended to be operated by persons (including children) with reduced physical, sensory or mental capabilities without adequate supervision by a person responsible for the patient's safety.</p> <p>" Therapy shall not be performed on a patient without a Bacterial/Viral (B/V) filter along the Breathing Circuit.</p>	2 300		
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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 02/07/2024
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE LIVING COMMUNITY OF ST. PE'	STREET ADDRESS, CITY, STATE, ZIP CODE 1907 KLEIN STREET ST PETER, MN 56082
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(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) COMPLETE DATE
2 300	<p>Continued From page 8</p> <p>" Always use a new bacterial filter when using the device on a new patient.</p> <p>" Confirm all settings before each treatment.</p> <p>" Soreness and/or pain in the chest from a pulled muscle may occur in patients using BiWaze Cough for the first time if the positive pressure used exceeds pressures which the patient normally receives during Positive Pressure Therapy. Such patients should start at a lower positive pressure during treatment, and gradually increase the positive pressure used based on patient tolerance and comfort.</p> <p>Facility Policy titled, Oxygen Therapy, stated residents are assessed to ensure their respiratory needs are being met. Residents identified in need of oxygen therapy have interventions/equipment implemented in accordance with the resident-centered care plan.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator or designee could develop/revise and implement policies and procedures related to cough assist machine administration. DON could provid training to the nurses anlong with completing competency skills in this area. The DON could perform random audits to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	2 300		
2 830	<p>MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General</p> <p>Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in</p>	2 830		3/1/24

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2 830	<p>Continued From page 9</p> <p>the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to provide and evaluate the effectiveness of physician ordered respiratory cough stimulator treatment (machine used to simulate a cough to help person clear mucus from lungs) for 1 out of 1 resident (R1) reviewed who required respiratory care.</p> <p>Findings include:</p> <p>R1's Admission Record identified R1 had diagnoses of amyotrophic lateral sclerosis (ALS)- (a disease that affects nerve cells in the brain and spinal cord. Symptoms can begin in the muscles that control speech & swallowing or in the extremities) and dyspnea (difficulty breathing).</p> <p>R1's department of Neurology order dated 8/16/22, identified R1 had an order for durable medical equipment (DME) cough stimulating device, alternating positive and negative pressure. Order included: Synclara Device to be set for effectiveness and comfort with suggested pressure setting of 35 inspiratory and 2 inspiratory time with same setting and time for expiratory pressures and time delivered by mask. If well, perform treatment two times a day 10</p>	2 830	<p>The policy and procedure on nursing competency was reviewed by the DON and is current</p> <p>No other residents identified who could be affecting in a similar manner. R1 is only resident residing in the facility who utilized cough assist device.</p> <p>Nurses have been educated on the manufactures' recommendations and procedure for use of the cough assist via meeting that occurred on 2-15-24 hosted by device manufacturer. For those nurses who could not attend they were required to watch a recording of the training and meet one-on-one with staff development nurse. Staff development nurse met with nurses and confirmed competency via hands on demonstration and verbal recall.</p> <p>DME Corner Medical will be providing hands-on in-service on 2/29/24 to further instruct on use of the cough assist. All nurses will be educated on documentation timeliness and when to notify provider if treatment is late or held.</p> <p>Review of administration record done by DON; was noted that 9 of the 11 omissions of the treatment the same LPN</p>	

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2 830	<p>Continued From page 10</p> <p>cycles and if ill, perform treatment four times a day and as needed for as many cycles as needed to clear mucus. Other forms of airway clearance are not an option because of the decreased expiratory flow and patient intolerance.</p> <p>R1's significant change Minimum Data Set (MDS) dated 11/30/23, indicated R1 was cognitively intact, was dependent on staff for all ADL's but was independent with wheeling self once seated in wheelchair/scooter. MDS indicated R1 had 1 to 3 days of verbal behaviors directed towards others during the assessment period.</p> <p>R1's care plan dated 12/29/23, indicated R1 was at risk for ineffective airway clearance and significant respiratory distress related to ALS and overall functional decline need of cough assist machine, Bipap, oxygen, oral cares to remove excess secretion from mouth. Resident has specific preferences with positioning during use of cough assist, and bed mobility. Resident has a history of refusing interventions to promote good respiratory health. Approach dated 12/29/23 monitor for signs of hypoxia. 12/29/23 monitor for signs of respiratory distress. 12/29/23 use cough assist as per provider order.</p> <p>R1's physician orders dated 11/10/23 and 12/6/24, included: cough assist machine, special instructions: Please watch video prior to first administration. https://youtu.be/-zls-Y9ParY. Hold mask to face and hold back of head firmly. After 8 cycles the machine will stop, then clean my mouth out with the toothettes and a cloth/tissue. (Diagnosis: amyotrophic lateral sclerosis) Twice a day Mornings 5:00 a.m. -7:00 a.m. Bedtime 9:00 p.m.-11:30 p.m.</p> <p>R1's care plan nor physician orders identified the</p>	2 830	<p>was working. LPN was contracted through an agency and has not been in scheduled since 01/24/24 and it is not anticipated that she will return as her contract had ended. Education will be provided if she does return to facility.</p> <p>Cough assist orders adjusted to instruct nurses to verify appropriate machine setting and added a follow up task for nurse to assess effectiveness</p> <p>DON or designee will randomly audit competency of nurse weekly x 3 weeks and they every other week x 3 weeks. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audit.</p> <p>Date of Compliance: March 1, 2024</p>	
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2 830	<p>Continued From page 11</p> <p>settings for the cough assist machine.</p> <p>R1's medication administration record (MAR) dated 11/15/23-11/30/23, included the aforementioned order. The documentation indicated R1 was not administered the treatment on the morning of 11/22/23; R1's record did not include why the treatment was not administered.</p> <p>R1's December 2023 indicated R1 was not administered the breathing treatment seven (7) times during the month; the missed treatments did not include the occurrences that R1 refused.</p> <ul style="list-style-type: none"> -On 12/1/23, a.m.) not administered as R1 was away getting a bath. Documentation did not identify if the treatment was later offered. -On 12/6/23, p.m. documented resident refused, however did not identify why R1 refused or if a subsequent attempt was made. -On 12/7/23, a.m. no documentation of administration or reason for omission. -On 12/10/23, a.m. no documentation of administration or reason for omission. -On 12/12/23, a.m. documentation of refusal, however, did not identify why R1 refused or if a subsequent attempt was made. -On 12/13/23, a.m. no documentation of administration or reason for omission. -On 12/14 /24 a.m., no documentation of administration or reason for omission. -On 12/18/23, the a.m. treatment indicated R1 declined. Evening (p.m.) documentation indicated R1 attempted to do cough assist machine but when machine was started, he became upset. The record did not identify how much of the treatment was completed. -On 12/19/23, a.m. not administered reproached before lunch and apologized for not getting back to him earlier to complete and he refused. -On 12/22/23, a.m. no documentation of 	2 830		
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2 830	<p>Continued From page 12</p> <p>administration or reason for omission. -On 12/27/23, a.m. no documentation of administration or reason for omission. -On 12/28/23, a.m. no documentation of administration or reason for omission. -On 12/29/23, a.m. not administered R1 refused offered times 4 and refused times 3.</p> <p>R1's January 2024 MAR R1 was not administered the breathing treatment seven (7) times during the month, not including the occurrences when R1 refused. -On 1/8/24, a.m. documented resident refused. Corresponding progress note dated 1/18/24 at 6:48 a.m. included, cough assist stopped mid cycle, resident wanted a different position. Second attempt also stopped by resident verbalizing it was the same and resident refused to try again. -On 1/11/24, a.m. no documentation of administration or reason for omission. -On 1/12, /24 a.m. R1 refused. -On 1/15/24, a.m. no documentation of administration or reason for omission -On 1/18/24, p.m. documented as not needed. -On 1/18/24, a.m. documented as not needed. -On 1/23/24, a.m. documented as completed by other staff not writer. -On 1/24/24, a.m. no documentation of administration or reason for omission. -On 1/25/24, a.m. no documentation of administration or reason for omission.</p> <p>R1's nursing notes reviewed in conjunction with the MAR between 1/6/24 and 2/3/24, identified inconsistent documentation of assessment/evaluation of the effectiveness and tolerance of the cough assist treatment for both scheduled administrations. Examples included but were not limited to:</p>	2 830		
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2 830	<p>Continued From page 13</p> <ul style="list-style-type: none"> -On 1/5/24, 1/6/24, and 1/7/24 no indication of a completed evaluation for effectiveness and tolerance. -On 1/8/24, at 5:31 p.m. progress note indicated cough assist was not done in the morning because R1 did not need it or request throughout the shift, even though the physician order directed twice a day treatment. -On 1/9/24 and 1/10/24, there was no indication of completed evaluation for effectiveness or treatment. -On 1/11/24 at 6:38 p.m. the progress note indicated cough assist was not done in the morning because the nurse not asking if R1 needed it and R1 did not request the treatment. -On 1/12/24, progress notes indicated R1 refused the morning treatment; notes did not identify if the treatment was later offered. There was no documentation for the evening administration. -On 1/13/24, 1/14/24, and 1/15/24, no indication of completed evaluation for effectiveness and tolerance. -On 1/16/24 at 1:42 a.m. note indicated cough assist done, has clear-whitish secretions, note at 7:37 p.m. indicated R1 was short of breath today and reported he was short of breath all the time. No indication cough assist was attempted, or respiratory assessment completed. -On 1/18/24, at 6:48 a.m. indicated the cough assist stopped in mid cycle, R1 wanted it in a different position. Second attempt was also stopped by R1 verbalizing it was still the same. R1 refused to try again. -On 1/19/24 at 3:33 p.m. Covid test was positive. Progress notes did not identify the use of cough assist. -On 1/20/24, no indication of a completed evaluation for effectiveness and tolerance. -On 1/23/24 at 8:18 a.m. resident became irritated while nurse was placing mask for cough 	2 830		
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2 830	<p>Continued From page 14</p> <p>assist. The treatment was not administered. -On 1/24/24 and evening shift 1/25/24, no indication of a completed evaluation for effectiveness and tolerance. -On 1/26/24, progress notes indicated R1 had rubs in his right middle lobe and crackles in bilateral bases. He doesn't feel like he has any more sputum production. Difficult to clear secretions. Color is white/yellow. R1 has occasional shortness of breath. Notes did not indicate cough was used. -On 1/27/24 and 1/28/24, there was no indication of completed evaluation for effectiveness or treatment.</p> <p>During an interview on 2/6/24, at 10:40 a.m., R1 stated staff who would get him ready in the morning often forgot to do the cough assist unless he reminds them.</p> <p>During on interview on 2/7/24, at 11:56 a.m. family member (FM)-A stated she had concerned that cough assist was not being completed at the facility. FM-A stated R1 had covid positive test and she had asked to facility to provide extra cough assist during that time and was informed by R1 that it had not been getting done as well as she had a c.m. in the room and was observing that it had not been done. FM-A stated on 1/28/24 they had called the facility around 7:00 p.m. and asked for a nurse to go and help provide R1 with cough assist and to bed. FM-A stated no one went and assisted him until around 11:00 p.m.</p> <p>During an interview on 2/6/24 at 12:27 p.m. NA-A stated she has administered R1's cough assist and has been asked by nurses to complete it because the nurse didn't know how. NA-A stated about a week ago she provided cough assist to R1 because he was up and needed it, so she just</p>	2 830		
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2 830	<p>Continued From page 15</p> <p>did it. NA-A explained she could tell if the treatment was effective if there was secretions in the mask and R1 would tell her it was effective.</p> <p>During an interview on 2/8/24, at 9:33 a.m. nursing assist (NA)-C stated he was the one who has provided R1 with cough assist when he was working. He stated if he was not at the facility, he knew that it usually was not getting done. NA-C stated R1 informed him that only 4 people knew how to do the cough assist correctly and he was one of the few.</p> <p>During an interview on 2/8/24 at 9:33 a.m. NA-C stated he has worked with R1 for a little over two months and was trained to use the cough assist by a previous NA who had worked with R1. NA-C stated he has provided the cough assist to R1 at least 20 times since he has started working with him and knows of only one nurse who has provided R1 with the cough assist while he was working. NA-C stated he would not know how to complete a respiratory assessment and did not know what all was involved as he was not a nurse and did not go to school for that. He stated he would inform the nurses he had completed the cough assist and figured the nurses knew what to do. NA-C did not know what settings the machine should be on, or if the settings were correct as he would just turn the machine on and R1 would let him know if it was working correctly or not.</p> <p>During an interview on 2/6/24 at 2:29 p.m. registered (RN)-A stated R1 was particular on who he lets do his cares. RN-A stated NA-C did the cough assist this morning. RN-A indicated she did not go in and evaluate the effectiveness of the breathing treatment. RN-A indicated when she has been assigned to R1, she has never completed the breathing treatment even thought</p>	2 830		
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2 830	<p>Continued From page 16</p> <p>she had experience working with the device in another care setting. RN-A also reported had never completed a respiratory assessment on R1.</p> <p>During an interview on 2/6/24 at 11:29 a.m. with hospice registered nurse (HRN) stated R1's disease was progressing, and he needed cough assist. R1 could aspirate on his own secretions so a nurse should be present when cough assist was being completed. HRA stated she sent forms how to use cough assist in email to the facility along with a link with a video describing how to use the cough assist machine. She stated she was not sure how the staff are being educated at the facility because they didn't have access to email. HRN stated R1 complains at 90% of her visits that the staff do not know how to use cough assist. HRN stated she did feel that all nurses who work with R1 should be trained on how to use the cough assist machine.</p> <p>During an interview on 2/6/24, at 2:46 p.m. director of nursing (DON) stated she was not aware R1 was not getting his cough assist and also was not aware NA's were the ones providing it. DON stated she was working on the investigation and had informed all nurses that only they were supposed to be providing the cough assist. DON stated the nurses should be following the providers orders as written in the MAR.</p> <p>During an interview on 2/8/24, at 9:06 a.m. representative of the manufacturer and licensed respiratory therapist stated R1's cough machine has been FDA approved for 3 years to help clear the lungs of secretions and maintain the airways of people who are too weak to produce a natural productive cough. If a person was to retain</p>	2 830		
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2 830	<p>Continued From page 17</p> <p>secretions in the lungs these secretions could serve as a source of infection and or aspiration. The representative also stated they train all durable medical equipment suppliers of their machine, and this training is to be passed down to the front-line person to make sure the front line clinical staff are trained on how to use the cough assist machine properly.</p> <p>A specific cough assistant policy or protocol and or a treatment policy was requested however none received.</p> <p>BiWaze cough user manual Issue date: February 2023, indicated, The BiWaze® Cough device helps to clear bronchopulmonary secretions from the respiratory system by providing a therapy which mimics a cough; inhale, exhale, and pause phase. The inhale phase is positive airway pressure to expand the lungs. Then exhale phase is a sudden shift to negative pressure to pull the air out of lungs. Finally, the pause phase provides a rest before the next inhale phase. BiWaze allows for positive pressure to be delivered during the pause phase to keep the airways open in between the inhale and exhale phases. Use BiWaze Cough only as directed by a physician or healthcare provider. Use BiWaze Cough only for the intended use as described in this manual. Advice contained in this manual does not supersede instructions given by the prescribing physician. Read the entire manual before using BiWaze Cough. The operator should read and understand this entire manual before using the device. BiWaze Cough is a restricted medical device intended for use by qualified, trained personnel under the direction of a physician. BiWaze Cough is not intended to be operated by</p>	2 830		
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2 830	<p>Continued From page 18</p> <p>persons (including children) with reduced physical, sensory or mental capabilities without adequate supervision by a person responsible for the patient's safety.</p> <p>Therapy shall not be performed on a patient without a Bacterial/Viral (B/V) filter along the Breathing Circuit.</p> <p>Always use a new bacterial filter when using the device on a new patient.</p> <p>Confirm all settings before each treatment.</p> <p>Soreness and/or pain in the chest from a pulled muscle may occur in patients using BiWaze Cough for the first time if the positive pressure used exceeds pressures which the patient normally receives during Positive Pressure Therapy. Such patients should start at a lower positive pressure during treatment, and gradually increase the positive pressure used based on patient tolerance and comfort.</p> <p>Facility Policy titled, Oxygen Therapy, stated residents are assessed to ensure their respiratory needs are being met. Residents identified in need of oxygen therapy have interventions/equipment implemented in accordance with the resident-centered care plan</p> <p>Suggested Method of Correction: The Director of Nursing or designee could review policies and procedures, train staff, and implement measures to assure residents are receiving the necessary services to prevent or improve areas from occurring. The director of nursing or designee, could conduct random audits of the delivery of care; to ensure appropriate care and services are implemented; to better ensure implementation of treatment.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 830		

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NAME OF PROVIDER OR SUPPLIER BENEDICTINE LIVING COMMUNITY OF ST. PE'	STREET ADDRESS, CITY, STATE, ZIP CODE 1907 KLEIN STREET ST PETER, MN 56082
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(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) COMPLETE DATE