DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
February 7, 2024

Administrator
Benedictine Care Community
201 9th Street West
Ada, MN 56510

RE: CCN: 245502
Cycle Start Date: December 20, 2023

Dear Administrator:

On February 2, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

February 7, 2024

Administrator
Benedictine Care Community
201 9th Street West
Ada, MN 56510

Re: Reinspection Results
Event ID: 96B612

Dear Administrator:

On February 2, 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 December 20, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 27, 2023

Administrator
Benedictine Care Community
201 9th Street West
Ada, MN 56510

RE: CCN: 245502
Cycle Start Date: December 20, 2023

Dear Administrator:

On December 20, 2023, a survey was completed at your facility by the Minnesota Departments of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

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

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

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

DEPARTMENT CONTACT

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

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of

the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by March 20, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by June 20, 2024 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

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

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245502	A. BUILDING _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE CARE COMMUNITY	201 9TH STREET WEST ADA, MN 56510

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 12/19/23, through 12/20/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H55028083C (MN00099132) H55028018C (MN00098344) with a deficiency issued at F677. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to provide routine bathing/showering assistance for 5 of 5 residents	F 677	This plan of correction constitutes the facility's credible allegation of compliance. Preparation and/or execution of this plan	1/5/24

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

Electronically Signed | 01/03/2024

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

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F 677	Continued From page 1 (R1, R2, R3, R4, R5) reviewed for activities of daily living, and who were dependent on staff for assistance. Findings include: R1's quarterly Minimum Data Set (MDS) dated 11/17/23, identified R1 had severely impaired cognition and diagnoses of anxiety and depression. R1 displayed verbal behavioral symptoms directed toward others (screaming, threatening, and cursing) three out of seven days, and did not reject cares. R1 required substantial/maximal assistance with shower/bathing, upper and lower body dressing, personal hygiene, toileting, tub/shower transfers, and used walker and wheelchair for mobility. R1's care plan dated 12/6/23, identified R1 had a self-care deficit with ADLs and directed staff to provide required assistance of one with bathing up to two times a week. R1's progress notes from 10/21/23, through 12/20/23, identified: -10/27/23 at 12:18 p.m. at beauty shop all morning got hair done. -11/19/23 at 1:36 p.m. went to get R1 for shower, had visitor, refused at this time. -11/28/23 at 3:29 p.m. refused to change clothes and cares this morning. Washed body and hair yesterday before bed. R2's significant change MDS dated 9/22/23, identified R2 had severely impaired cognition and diagnosis of dementia. R2 had difficulty	F 677	does not constitute admission or agreement by the provider of the truths or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed in accordance with federal and state law requirements. Based on observation, interview, and document review, the facility failed to provide routine bathing/showering assistance for 5 of 5 residents (R1, R2, R3, R4, R5) reviewed for activities of daily living, and who were dependent on staff for assistance. R1 received a shower on 12/21/23, 12/24/23, 12/28/23, and 12/30/23. R1 care plan and bath schedule were reviewed. Orders were updated in Matrix to include showers 2x/week as stated in their bath schedule. This task will be signed off by nursing staff when completed to ensure weekly baths are provided & documented. R2 received a bath on 12/20/23, 12/23/23, 12/28/23, and 1/2/24. R2 care plan and bath schedule were reviewed. Orders were updated in Matrix to include baths 2x/week as stated in their bath schedule. This task will be signed off by nursing staff when completed to ensure weekly baths are provided & documented. R3 received a bath on 12/21/23, 12/25/23, 12/28/23, and 1/1/24. R3 care plan and bath schedule were reviewed. Orders were updated in Matrix to include baths 2x/week as stated in their bath schedule.	

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F 677	Continued From page 2 communicating some words and/or finishing thoughts at times, impaired vision, did not reject cares, and no behaviors. R2 was dependent on staff for toileting hygiene, upper and lower body dressing, all transfers, and used wheelchair for mobility. R2's care plan dated 10/26/23, identified R2 had a self-care deficit with ADLs and directed staff to provide extensive assistance with bathing up to two times a week. R2' progress notes from 10/20/23, through 12/15/23 identified: -11/14/23 at 4:22 a.m. R2 received a bath this morning. -11/28/23 at 10:55 a.m. R2 received a bath this morning (14 days later). -12/14/23 at 11:04 a.m. R2 received a bath this morning (16 days later). R3's annual MDS dated 12/1/23, identified R3 had severely impaired cognition with diagnoses of dementia, depression, psychotic disorder, and diabetes mellitus (DM). R3 had occasional disorganized thinking and difficulty focusing on what was being said. R3 displayed physical behavioral symptoms towards others (hitting, kicking, pushing, scratching, and grabbing others) and verbal behavioral symptoms directed towards others (threatening, screaming, cursing) three out of seven days. R3 did not reject cares. R3 was dependent on staff for toileting and personal hygiene, upper and lower body dressing, and all transfers, R3 required substantial/maximal assistance with shower and bathing and used	F 677	This task will be signed off by nursing staff when completed to ensure weekly baths are provided & documented. R4 received a bath on 12/21/23, 12/24/23, 12/28/23, and 12/31/23. R4 care plan and bath schedule were reviewed. Orders were updated in Matrix to include baths 2x/week as stated in their bath schedule. This task will be signed off by nursing staff when completed to ensure weekly baths are provided & documented. R5 received a bath on 12/20/23, 12/24/23, 12/29/23, and 12/31/23. R5 care plan and bath schedule were reviewed. Orders were updated in Matrix to include baths 2x/week as stated in their bath schedule. This task will be signed off by nursing staff when completed to ensure weekly baths are provided & documented. All residents that are dependent on assistance for ADL cares with bathing have the ability to be affected by this deficient practice. All resident care plans and bath schedules have been reviewed and received their baths as indicated. Nursing staff will be responsible for providing baths and documenting them after they are completed. The facility policy on ADL□s was reviewed on 12/28/2023, no revisions were made at this time. All nursing staff will be provided education regarding the expectation of weekly baths & charting.	

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F 677	Continued From page 3 wheelchair for mobility. R3's care plan dated 10/24/23, identified R3 had self-care deficit related to muscle weakness. R3 required extensive assistance of two staff and the use of a mechanical sit to stand lift for all transfers, and directed staff to provide extensive assistance of one with bathing. R3's progress notes dated 10/20/23, through 12/20/23, identified: -11/9/23 at 9:51 a.m. Yeasty and red under right breast. Antifungal cream treatment to start. -11/18/23 at 2:34 p.m. R3 received bath this morning. -12/2/23 at 12:17 p.m. Moisture associated skin damage (MASD) still noted under breasts, antifungal applied with cares. Continue to monitor. -12/2/23 at 11:07 a.m. R3 received bath this evening (14 days later). -12/13/23 at 1:41 p.m. No further redness under breast folds. -12/14/23 at 11:05 a.m. R3 received a bath this morning (12 days later). R4's quarterly MDS dated 10/24/23, identified R4 had intact cognition, no behaviors, and diagnosis of depression. R4 required partial/moderate assistance with toileting, shower/bath and supervision or touching assistance with tub/shower transfers, personal hygiene, and no rejection of cares. R4 used a walker for mobility.	F 677	5 residents 2x per week for 2 months will be audited to ensure baths & documentation are being completed per resident bath schedules. DON and/or designee is responsible for compliance. Results of monitoring shall be reported at the facility Quality Council meeting with ongoing frequency and duration to be determined through analysis and review of results. Any additional ongoing audits would be conducted by the DON and/or Designee.	

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F 677	Continued From page 4 R4's care plan dated 10/26/23, identified R4 had a self care deficit with bathing and staff were directed to have provided R4 with assistance of one for bathing up to three times a week. R4's progress notes dated 10/20/23, through 12/20/23, identified: -11/3/23 at 1:15 p.m. R4 informed staff she had enjoyed her bath this morning. -12/3/23 at 10:20 a.m. R4 received bath this evening (30 days later). -12/21/23 at 10:47 a.m. R4 received bath this morning (18 days later). R5's quarterly MDS dated 11/3/23, identified R5 had intact cognition, no behaviors or rejection of cares, and diagnoses of diabetes, depression, and amputation. R5 required substantial/maximal assistance with toileting, shower/bath, lower body dressing, all transfers, and used a walker for mobility. R5's care plan dated 11/22/23, identified R5 had diabetes and at risk for skin complications. Staff were directed to provide weekly baths. R5 also had a self-care deficit and directed staff to provide extensive assistance of one with bathing due to right leg amputation up to one time a week. R5's progress notes dated 10/24/23, through 11/20/23, identified: -11/23/23 at 10:53 a.m. R5 received bath this morning.	F 677		

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F 677	Continued From page 5 -12/15/23 at 7:50 p.m. R5 refused bath (22 days later). Facility Bath Schedule dated 12/17/23, through 12/23/23, identified morning (AM) and evening (PM) with Asterisk (*) indicated one bath day for each resident listed. All other days listed were alternative options for bath to be given. All charting for baths must be completed on the bath day. Staff were expected to communicate with registered nurse if unable to get baths done before the end of the shift and may be required to stay longer to complete the bathes. Staff were also expected to notify charge nurse when a resident refused a bath so the refusal can be documented in Matrix. Bath schedule for R1, R2, R3, R4, and R5 identified days of the week baths were scheduled: -R1 *Thursday and Sunday AM. -R2 *Tuesday and Saturday PM -R3 *Monday, Thursday, and Saturday PM -R4 *Thursday and Sunday PM -R5 *Wednesday and Sunday AM Facility document titled Report Sheet Pioneer Neighborhood dated 11/6/23, through 11/12/23, identified date resident received a bath: -R1 11/7/23 -R2 no bath documented -R3 11/8/23	F 677		

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F 677	Continued From page 6 -R4 11/9/23 -R5 no bath documented The facility lacked evidence of bathing documentation for residents from 11/13/23-12/11/23, unless otherwise noted in progress note. Facility document titled Report Sheet Pioneer Neighborhood dated 12/12/23, identified residents received a bath on that date. Additional dates were added to this form on 12/20/23, by the director of nursing (DON) once it was reviewed indicated when last bath was given: -R1 bed bath and shower cap on 12/12/23. Last bath documented on 11/28/23, in progress notes (14 days). -R2 no bath documented. Last bath documented on 12/14/23, in progress notes (6 days). -R3 no bath documented. Last bath documented on 12/14/23, in progress notes (6 days). -R4 no bath documented. Last bath documented on 12/14/23, in progress notes (6 days). -R5 refused bath 12/12/23. Last bath given on 11/23/23, in progress notes (19 days). During an observation on 12/19/23 at 10:50 a.m., nursing assistant (NA)-B and trained medication assistance (TMA)-B transferred R3 from the bed to the toilet via sit to stand lift. NA-B stated, "we need to get you cleaned up for breakfast". NA-B washed R3's face, swabbed mouth, lifted her off	F 677		

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F 677	Continued From page 7	F 677		

toilet with sit to stand lift, and completed peri cares. NA-B and TMA-B transferred R3 from the toilet to the wheelchair, removed nightgown, placed shirt on R3 and NA-B combed out R3's hair. R3's hair appeared oily in nature.

During an interview on 12/18/23 at 3:30 p.m., family member (FM)-A stated facility was short staffed and baths did not get completed as scheduled. FM-A stated R1 required assistance with bathing, dressing, eating, and transfers, sat quietly in her wheelchair, smiled, and was easily forgotten.

During an interview on 12/19/23 at 2:15 p.m., NA-B stated the facility had been short staffed since October 2023, and she stayed late frequently. NA-B stated baths did not get completed, as there was no bath aide available, and each NA was responsible for their own bathes to be given. NA-B indicated some residents went over a week and almost up to two weeks without a bath, and then just quickly washed up in their room instead to cut back on time spent.

During an interview on 12/19/23 at 2:21 p.m., TMA-A indicated the facility lacked sufficient staffing which was an issue and affected the care the residents received. TMA-A indicated resident baths had been missed, observed residents not getting washed up as needed and at times, appropriate care was not given.

During an interview on 12/20/23 at 9:36 a.m., R3 stated her baths were scheduled initially once a week on Tuesday then changed to Sunday or whatever day staff were able to fit her in. R3 stated she preferred Tuesdays but had settled for

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F 677	Continued From page 8 Sundays because staffing was short. R3 stated she had gone up to two weeks in the past several months without a bath and had washed up in bathroom instead. R3 stated missed the whirlpool baths, made her feel so much better. During an interview on 12/20/23 at 10:30 a.m., FM-B stated R1 was scheduled twice a week for a bath. FM-B indicated R1 had not received her baths twice a week. FM-B stated R1 refused a bath at times and then wanted a shower. FM-B also stated she realized they were short staffed, and staff may not take the time to attempt a second offer for a shower once R1 refused, and then R1 ended up with a bed bath in her room. During an interview on 12/20/23 at 11:16 a.m., registered nurse (RN)-A stated up until now staff NAs were expected to have completed baths on the residents but were already too busy on the floor working, and baths were not getting done. RN-A indicated staff struggled to get baths completed and was a real issue that needed to be worked on. During an interview on 12/20/23 at 12:44 p.m., R4 indicated there was definitely a problem with getting a bath, had to ask for one, and at times settled for a quick wash up in the bathroom instead. R4 indicated it had been up to two weeks between her whirlpool baths, loved them, made her feel so much better, and missed receiving them twice a week as scheduled. R4 stated staffing was short, they worked hard, had not received baths like we used to. During an interview on 12/20/23 at 1:09 p.m., DON stated since prior to COVID the facility lacked completion of bathes and documentation.	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245502	A. BUILDING _____ B. WING _____	C 12/20/2023

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F 677	Continued From page 9 DON indicated they did not have a bath aide working currently but had hired an NA already employed at the facility. DON stated once the NA's position was replaced, she would be expected to work as the bath aide for the facility. DON stated she was unable to locate documentation of baths and/or partial bathes received by the residents prior to the middle of October 2023. DON verified she had observed staff in the past as they washed up residents in their rooms, everyday on day shift. DON stated staff were expected to provide all residents a whirlpool bath at least once a week and when a bath was refused, document, and resident should have been reproached at a later time. During an interview on 12/20/23 at 1:30 p.m., administrator stated daily cares had not been documented in the Matrix computer system and needed to be addressed. Administrator also stated without documentation difficult to prove bathing was completed unless staff were checked on throughout the shift. During an interview on 12/20/23 at 2:07 p.m., NA-C stated NA's, LPN's, and RN's administered bathes. NA-C stated baths take more time, some days the facility did not have enough staff working, and baths were missed. NA-C stated we had tried to keep up on the baths and did the best we could. Facility policy titled Activities of Daily Living (ADLs) dated 6/2021, identified residents unable to carry ADLs independently will receive the services necessary to maintain good grooming and personal hygiene in accordance with the plan of care. If a resident refuses care and/or residents with cognitive impairment or dementia	F 677		

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F 677	Continued From page 10 exhibit behavioral expressions or resistance to cares, associates would be expected to attempt to identify the underlying cause of the problem and not assume the resident declined or refused care, reproach at a different time, or have another associate speak with resident.	F 677		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 27, 2023

Administrator
Benedictine Care Community
201 9th Street West
Ada, MN 56510

Re: State Nursing Home Licensing Orders
Event ID: 96B611

Dear Administrator:

The above facility was surveyed on December 19, 2023 through December 20, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

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

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

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

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

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

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.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00413	A. BUILDING: _____ B. WING _____	C 12/20/2023

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 12/19/23, through 12/20/23, 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, and the following licensing order was issued. Please indicate in your electronic plan of correction you	2 000		

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2 000	Continued From page 1 have reviewed these orders and identify the date when they will be completed. The following complaints were reviewed: H55028083C (MN00099132) H55028018C (MN00098344) with a licensing order issued at 0920. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will	2 000		

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2 000	Continued From page 2 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. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 920	MN Rule 4658.0525 Subp. 6 B Rehab - ADLs Subp. 6. Activities of daily living. Based on the comprehensive resident assessment, a nursing home must ensure that: B. a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to provide routine bathing/showering assistance for 5 of 5 residents (R1, R2, R3, R4, R5) reviewed for activities of daily living, and who were dependent on staff for assistance. Findings include: R1's quarterly Minimum Data Set (MDS) dated 11/17/23, identified R1 had severely impaired cognition and diagnoses of anxiety and depression. R1 displayed verbal behavioral symptoms directed toward others (screaming,	2 920	CORRECTED	1/5/24

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2 920	Continued From page 3 threatening, and cursing) three out of seven days, and did not reject cares. R1 required substantial/maximal assistance with shower/bathing, upper and lower body dressing, personal hygiene, toileting, tub/shower transfers, and used walker and wheelchair for mobility. R1's care plan dated 12/6/23, identified R1 had a self-care deficit with ADLs and directed staff to provide required assistance of one with bathing up to two times a week. R1's progress notes from 10/21/23, through 12/20/23, identified: -10/27/23 at 12:18 p.m. at beauty shop all morning got hair done. -11/19/23 at 1:36 p.m. went to get R1 for shower, had visitor, refused at this time. -11/28/23 at 3:29 p.m. refused to change clothes and cares this morning. Washed body and hair yesterday before bed. R2's significant change MDS dated 9/22/23, identified R2 had severely impaired cognition and diagnosis of dementia. R2 had difficulty communicating some words and/or finishing thoughts at times, impaired vision, did not reject cares, and no behaviors. R2 was dependent on staff for toileting hygiene, upper and lower body dressing, all transfers, and used wheelchair for mobility. R2's care plan dated 10/26/23, identified R2 had a self-care deficit with ADLs and directed staff to provide extensive assistance with bathing up to two times a week.	2 920		

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2 920	Continued From page 4 R2' progress notes from 10/20/23, through 12/15/23 identified: -11/14/23 at 4:22 a.m. R2 received a bath this morning. -11/28/23 at 10:55 a.m. R2 received a bath this morning (14 days later). -12/14/23 at 11:04 a.m. R2 received a bath this morning (16 days later). R3's annual MDS dated 12/1/23, identified R3 had severely impaired cognition with diagnoses of dementia, depression, psychotic disorder, and diabetes mellitus (DM). R3 had occasional disorganized thinking and difficulty focusing on what was being said. R3 displayed physical behavioral symptoms towards others (hitting, kicking, pushing, scratching, and grabbing others) and verbal behavioral symptoms directed towards others (threatening, screaming, cursing) three out of seven days. R3 did not reject cares. R3 was dependent on staff for toileting and personal hygiene, upper and lower body dressing, and all transfers, R3 required substantial/maximal assistance with shower and bathing and used wheelchair for mobility. R3's care plan dated 10/24/23, identified R3 had self-care deficit related to muscle weakness. R3 required extensive assistance of two staff and the use of a mechanical sit to stand lift for all transfers, and directed staff to provide extensive assistance of one with bathing. R3's progress notes dated 10/20/23, through 12/20/23, identified: -11/9/23 at 9:51 a.m. Yeasty and red under right	2 920		

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2 920	Continued From page 5 breast. Antifungal cream treatment to start. -11/18/23 at 2:34 p.m. R3 received bath this morning. -12/2/23 at 12:17 p.m. moisture associated skin damage (MASD) still noted under breasts, antifungal applied with cares. Continue to monitor. -12/2/23 at 11:07 a.m. R3 received bath this evening (14 days later). -12/13/23 at 1:41 p.m. no further redness under breast folds. -12/14/23 at 11:05 a.m. R3 received a bath this morning (12 days later). R4's quarterly MDS dated 10/24/23, identified R4 had intact cognition, no behaviors, and diagnosis of depression. R4 required partial/moderate assistance with toileting, shower/bath and supervision or touching assistance with tub/shower transfers, personal hygiene, and no rejection of cares. R4 used a walker for mobility. R4's care plan dated 10/26/23, identified R4 had a self care deficit with bathing and staff were directed to have provided R4 with assistance of one for bathing up to three times a week. R4's progress notes dated 10/20/23, through 12/20/23, identified: -11/3/23 at 1:15 p.m. R4 informed staff she had enjoyed her bath this morning. -12/3/23 at 10:20 a.m. R4 received bath this evening (30 days later).	2 920		

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2 920	Continued From page 6 -12/21/23 at 10:47 a.m. R4 received bath this morning (18 days later). R5's quarterly MDS dated 11/3/23, identified R5 had intact cognition, no behaviors or rejection of cares, and diagnoses of diabetes, depression, and amputation. R5 required substantial/maximal assistance with toileting, shower/bath, lower body dressing, all transfers, and used a walker for mobility. R5's care plan dated 11/22/23, identified R5 had diabetes and at risk for skin complications. Staff were directed to provide weekly bathes. R5 also had a self-care deficit and directed staff to provide extensive assistance of one with bathing due to right leg amputation up to one time a week. R5's progress notes dated 10/24/23, through 11/20/23, identified: -11/23/23 at 10:53 a.m. R5 received bath this morning. -12/15/23 at 7:50 p.m. R5 refused bath (22 days later). Facility Bath Schedule dated 12/17/23, through 12/23/23, identified morning (AM) and evening (PM) with Asterisk (*) indicated one bath day for each resident listed. All other days listed were alternative options for bath to be given. All charting for baths must be completed on the bath day. Staff were expected to communicate with registered nurse if unable to get baths done before the end of the shift and may be required to stay longer to complete the baths. Staff were also expected to notify charge nurse when a resident	2 920		

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2 920	Continued From page 7 refused a bath so the refusal can be documented in Matrix. Bath schedule for R1, R2, R3, R4, and R5 identified days of the week baths were scheduled: -R1 *Thursday and Sunday AM. -R2 *Tuesday and Saturday PM -R3 *Monday, Thursday, and Saturday PM -R4 *Thursday and Sunday PM -R5 *Wednesday and Sunday AM Facility document titled Report Sheet Pioneer Neighborhood dated 11/6/23, through 11/12/23, identified date resident received a bath: -R1 11/7/23 -R2 no bath documented -R3 11/8/23 -R4 11/9/23 -R5 no bath documented The facility lacked evidence of bathing documentation for residents from 11/13/23-12/11/23, unless otherwise noted in progress note. Facility document titled Report Sheet Pioneer Neighborhood dated 12/12/23, identified residents received a bath on that date. Additional dates were added to this form on 12/20/23, by the director of nursing (DON) once it was reviewed indicated when last bath was given:	2 920		

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2 920	Continued From page 8 -R1 bed bath and shower cap on 12/12/23. Last bath documented on 11/28/23, in progress notes (14 days). -R2 no bath documented. Last bath documented on 12/14/23, in progress notes (6 days). -R3 no bath documented. Last bath documented on 12/14/23, in progress notes (6 days). -R4 no bath documented. Last bath documented on 12/14/23, in progress notes (6 days). -R5 refused bath 12/12/23. Last bath given on 11/23/23, in progress notes (19 days). During an observation on 12/19/23 at 10:50 a.m., nursing assistant (NA)-B and trained medication assistance (TMA)-B transferred R3 from the bed to the toilet via sit to stand lift. NA-B stated, "we need to get you cleaned up for breakfast". NA-B washed R3's face, swabbed mouth, lifted her off toilet with sit to stand lift, and completed peri cares. NA-B and TMA-B transferred R3 from the toilet to the wheelchair, removed nightgown, placed shirt on R3 and NA-B combed out R3's hair. R3's hair appeared oily in nature. During an interview on 12/18/23 at 3:30 p.m., family member (FM)-A stated facility was short staffed and baths did not get completed as scheduled. FM-A stated R1 required assistance with bathing, dressing, eating, and transfers, sat quietly in her wheelchair, smiled, and was easily forgotten. During an interview on 12/19/23 at 2:15 p.m., NA-B stated the facility had been short staffed since October 2023, and she stayed late	2 920		

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2 920	Continued From page 9	2 920		

frequently. NA-B stated baths did not get completed, as there was no bath aide available, and each NA was responsible for their own bathes to be given. NA-B indicated some residents went over a week and almost up to two weeks without a bath, and then just quickly washed up in their room instead to cut back on time spent.

During an interview on 12/19/23 at 2:21 p.m., TMA-A indicated the facility lacked sufficient staffing which was an issue and affected the care the residents received. TMA-A indicated resident baths had been missed, observed residents not getting washed up as needed and at times, appropriate care was not given.

During an interview on 12/20/23 at 9:36 a.m., R3 stated her baths were scheduled initially once a week on Tuesday then changed to Sunday or whatever day staff were able to fit her in. R3 stated she preferred Tuesdays but had settled for Sundays because staffing was short. R3 stated she had gone up to two weeks in the past several months without a bath and had washed up in bathroom instead. R3 stated missed the whirlpool baths, made her feel so much better.

During an interview on 12/20/23 at 10:30 a.m., FM-B stated R1 was scheduled twice a week for a bath. FM-B indicated R1 had not received her baths twice a week. FM-B stated R1 refused a bath at times and then wanted a shower. FM-B also stated she realized they were short staffed, and staff may not take the time to attempt a second offer for a shower once R1 refused, and then R1 ended up with a bed bath in her room.

During an interview on 12/20/23 at 11:16 a.m., registered nurse (RN)-A stated up until now staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00413	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE CARE COMMUNITY	201 9TH STREET WEST ADA, MN 56510

(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
2 920	Continued From page 10 NAs were expected to have completed bathes on the residents but were already too busy on the floor working, and baths were not getting done. RN-A indicated staff struggled to get baths completed and was a real issue that needed to be worked on. During an interview on 12/20/23 at 12:44 p.m., R4 indicated there was definitely a problem with getting a bath, had to ask for one, and at times settled for a quick wash up in the bathroom instead. R4 indicated it had been up to two weeks between her whirlpool baths, loved them, made her feel so much better, and missed receiving them twice a week as scheduled. R4 stated staffing was short, they worked hard, had not received bathes like we used to. During an interview on 12/20/23 at 1:09 p.m., DON stated since prior to COVID the facility lacked completion of bathes and documentation. DON indicated they did not have a bath aide working currently but had hired an NA already employed at the facility. DON stated once the NA's position was replaced, she would be expected to work as the bath aide for the facility. DON stated she was unable to locate documentation of baths and/or partial baths received by the residents prior to the middle of October 2023. DON verified she had observed staff in the past as they washed up residents in their rooms, everyday on day shift. DON stated staff were expected to provide all residents a whirlpool bath at least once a week and when a bath was refused, document, and resident should have been reproached at a later time. During an interview on 12/20/23 at 1:30 p.m., administrator stated daily cares had not been documented in the Matrix computer system and	2 920		

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2 920	Continued From page 11 needed to be addressed. Administrator also stated without documentation difficult to prove bathing was completed unless staff were checked on throughout the shift. During an interview on 12/20/23 at 2:07 p.m., NA-C stated NA's, LPN's, and RN's administered bathes. NA-C stated baths take more time, some days the facility did not have enough staff working, and baths were missed. NA-C stated we had tried to keep up on the baths and did the best we could. Facility policy titled Activities of Daily Living (ADLs) dated 6/2021, identified residents unable to carry ADLs independently will receive the services necessary to maintain good grooming and personal hygiene in accordance with the plan of care. If a resident refuses care and/or residents with cognitive impairment or dementia exhibit behavioral expressions or resistance to cares, associates would be expected to attempt to identify the underlying cause of the problem and not assume the resident declined or refused care, reproach at a different time, or have another associate speak with resident. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures related to activities of daily living. The director of nursing or designee could develop a system to educate staff and develop a monitoring system to ensure staff are providing assistance with activities of daily living. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	2 920		