

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL306879103M
Compliance #: HL306877423C

Date Concluded: May 6, 2025

Name, Address, and County of Licensee

Investigated:

Benedictine Senior Living
625 Central Avenue
Osseo, Minnesota 55369
Hennepin County

Facility Type: Assisted Living Facility with
Dementia Care (ALFDC)

Evaluator's Name: Nicole Myslicki, RN
Special Investigator

Finding: Not Substantiated

Nature of Investigation:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Initial Investigation Allegation(s):

The facility neglected the resident when the facility failed to promptly seek medical intervention for the resident's shingles. The resident's health declined, and she died less than two weeks after being diagnosed.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined neglect was not substantiated. It was reasonable facility staff may not have observed the resident's rash until the day of the fall. There was also a lack of evidence the shingles played a role in the resident's decline and death.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted the provider and family. The investigation included review of the resident record, death record, hospital record, personnel files, staff schedules, and related facility policy and procedures. Also, the investigator observed resident's skin, toileting, and transferring.

The resident resided in an assisted living memory care unit. The resident's diagnoses included dementia. The resident's service plan included assistance with dressing and showers. The resident's assessment indicated the resident needed help with dressing due to having made the wrong clothing choices. Staff were to assist in setting out clothing and provide partial assistance with completing the task. The assessment identified the resident as sometimes resistant to cares.

About a week and a half before the resident was diagnosed with shingles, the facility nurse completed an assessment. The resident reported feeling tired and could not participate in physical therapy. The resident had crackles in the bases of her lungs as well. The nurse updated the provider. Two days later, a second progress note indicated the resident started antibiotics for pneumonia.

A progress note in the resident's record indicated staff found the resident lying on the floor near her recliner. The resident appeared weak and had some alteration in mentation, and it was unclear if she hit her head. Staff informed family and requested they bring her to the emergency department (ED) for evaluation. As staff helped the resident get dressed and ready to go to the ED, they observed a rash that went straight across her stomach to her back. Staff instructed the resident's family to have it checked out while in the ED.

The resident's record did not include any documentation of a rash prior to the day the resident went to the ED.

The resident's hospital record indicated the resident presented with a rash, weakness, and mentation change. The hospital diagnosed the resident with shingles, started her on an antiviral medication, and discharged her back to the facility. The hospital records indicated the resident had a significant area of shingles throughout her right side which likely contributed to some of the increased confusion due to the pain.

The resident's service delivery record indicated the facility scheduled showers twice weekly. The service delivery record indicated the resident refused a shower two evenings prior to the resident going to the emergency department (ED). The record indicated the resident received dressing assistance twice daily several days leading up to the incident.

A provider visit note indicated a provider saw the resident four days before the ED diagnosed her with shingles. The visit note included an examination of the resident's abdominal region. The findings for the abdominal region were soft, non-tender with no distention. The visit note also indicated the resident did not appear in acute distress. The note did not indicate there was a rash present.

A progress note four days after the ED visit indicated the resident continued to be weak, not getting out of bed, and had poor oral intake. A second progress note from the same day indicated the provider and family decided on hospice.

The resident passed away on hospice, about three weeks after her visit to the ED.

The resident's death record identified the cause of death as natural causes due to dementia and pneumonia.

During an interview the resident's provider reported she did not observe a rash on the resident four days prior to the ED visit during the examination. The provider stated shingles could become large and start blistering within just a few days. She stated the resident went onto hospice mainly due to weakness and dementia. The resident had been declining prior to being diagnosed with shingles. Overall, the facility had been good about bringing resident issues to her attention.

During an interview, a nurse stated the resident tried doing some things for herself, even though she had been declining. When she started getting weaker, the resident would tell the unlicensed personnel (ULP)s she did not feel like completing a certain service or task that day. When the nurse assessed the resident about a week and a half prior to the ED visit, she listened to her lungs. The nurse stated she completed lung assessments under the clothing and did not remember noticing a rash. The day the resident went to the ED, staff members saw the rash and informed her. The nurse went to assess, and suspecting shingles, she instructed family to have it checked out when she went to the ED.

During an interview, an ULP stated the resident liked doing things on her own and sometimes refused her help when getting dressed. The ULP stated the resident refused a shower on her shift two days prior to the ED visit. When performing other services, she did not notice a rash.

During investigative interviews, multiple staff members stated they did not notice a rash on the resident until the day the of the ED visit or later.

During an interview, a family member stated she did not think shingles got to the state where it covered the stomach and back and blistered overnight. The rash should have been reported to start her on the antiviral. Once they brought the resident back from the ED, the resident declined rapidly and passed away a week and a half later.

In conclusion, the Minnesota Department of Health determined neglect was not substantiated.

“Not Substantiated” means:

An investigatory conclusion indicating the preponderance of evidence shows that an act meeting the definition of maltreatment did not occur.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

“Neglect” means neglect by a caregiver or self-neglect.

(a) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

Vulnerable Adult interviewed: No. The resident is deceased.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Not Applicable.

Action taken by facility:

The facility instructed the family to show the provider at the ED the rash after noticing the rash. The facility also notified the provider.

Action taken by the Minnesota Department of Health:

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>

If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

You may also call 651-201-4200 to receive a copy via mail or email

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BENEDICTINE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 625 CENTRAL AVENUE OSSEO, MN 55369
--	--

(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
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>HL306877423C/HL306879103M</p> <p>On April 8, 2025, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were 48 residents receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>The following correction order is issued for HL306877423C/HL306879103M, tag identification 0730.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 730 SS=D	<p>144G.43 Subd. 3 Contents of resident record</p> <p>Contents of a resident record include the</p>	0 730		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BENEDICTINE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 625 CENTRAL AVENUE OSSEO, MN 55369
--	--

(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
0 730	<p>Continued From page 1</p> <p>following for each resident:</p> <p>(1) identifying information, including the resident's name, date of birth, address, and telephone number;</p> <p>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</p> <p>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;</p> <p>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;</p> <p>(5) the resident's advance directives, if any;</p> <p>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;</p> <p>(7) the facility's current and previous assessments and service plans;</p> <p>(8) all records of communications pertinent to the resident's services;</p> <p>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p>	0 730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BENEDICTINE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 625 CENTRAL AVENUE OSSEO, MN 55369
--	--

(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
0 730	<p>Continued From page 2</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure records included documentation of significant changes in the resident's status and actions taken in response to the needs for one of two residents (R1) reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 admitted to the licensee August 1, 2022. R1's diagnoses included hypertension. R1's service plan dated August 2, 2024, indicated R1 received assistance with toileting, bathing, and safety checks.</p> <p>A progress note from October 28, 2024, at 3:38 p.m., indicated registered nurse (RN)-A assessed R1 due to R1 feeling "overly tired" and unable to participate in physical therapy. RN-A obtained a set of vitals and listened to R1's lungs. The note indicated R1 had crackles in the lung bases bilaterally. RN-A updated the provider on R1's status.</p>	0 730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BENEDICTINE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 625 CENTRAL AVENUE OSSEO, MN 55369
--	--

(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
0 730	<p>Continued From page 3</p> <p>A progress note from October 30, 2024, at 10:06 a.m., indicated R1 had a chest x-ray completed which showed patchy density compatible with left basilar pneumonia. The provider ordered two antibiotics twice daily for five days.</p> <p>There were no progress notes or other documentation in R1's medical record between October 30, 2024, and November 12, 2024, regarding R1's condition with pneumonia and effectiveness of the antibiotics completed in five days.</p> <p>The next progress note written November 12, 2024, at 7:51 p.m., indicated R1 had a new order for an antiviral medication twice daily for 10 days.</p> <p>A progress note from November 13, 2025, at 3:32 p.m., written as a late entry from November 11, 2025, indicated staff found R1 lying on the floor. R1 appeared weak and had an alteration in mentation. RN-A obtained R1's vitals and advised family take her to the emergency department (ED) for an evaluation. As staff helped R1 get dressed before going to the ED, staff observed a rash on her abdomen going straight across to her back. Family were instructed to have it checked out in the ED.</p> <p>During an interview April 8, 2025, at 3:11 p.m., RN-A stated the licensee only kept the 24-hour communication notes for one week.</p> <p>During an interview April 10, 2025, at 9:18 a.m., RN-A stated unlicensed personnel (ULP) sometimes documented new resident concerns on the 24-hour communication sheet. ULPs reported issues to the nurses who would then follow up and assess.</p>	0 730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BENEDICTINE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 625 CENTRAL AVENUE OSSEO, MN 55369
--	--

(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
0 730	<p>Continued From page 4</p> <p>During an interview April 17, 2025, at 10:33 a.m., ULP-C stated they only documented in the resident chart for falls. Otherwise, they did not document new issues with residents in their chart.</p> <p>During an interview April 18, 2025, at 10:03 a.m., ULP-B stated if she observed a new skin issue or concern with a resident, she sometimes put it in the chart.</p> <p>The licensee's policy Assisted Living Services - Resident Record, dated August 6, 2021, indicated resident records would include documentation of significant changes in the resident's status and actions taken in response to the changes.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 730		