



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 2, 2020

Administrator
Benedictine Health Center Of Minneapolis
618 East 17th Street
Minneapolis, MN 55404

RE: CCN: 245266
Cycle Start Date: March 16, 2020

Dear Administrator:

During this period of pandemic COVID-19 outbreak, the Centers for Medicare and Medicaid Services (CMS) has directed the State Agencies (MDH) to change the process for survey prioritization and enforcement remedies. CMS is delaying revisit surveys and are exercising enforcement discretion during this prioritization period, beginning March 23, 2020. As a result, the below enforcement actions resulting from this survey cycle will be suspended until revisits are again authorized.

This letter also requests that your facility submit an electronic plan of correction (ePOC). Although revisit surveys will not be conducted during the prioritization period, you may still submit your facility's ePOC during this time and the case will be held. Your facility may delay submission of an ePOC until the prioritization period is over.

On March 16, 2020, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

- How corrective action will be accomplished for those residents found to have been affected by the

deficient practice.

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

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

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

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

DEPARTMENT CONTACT

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

Sarah Grebenc, Unit Supervisor
Metro D Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: sarah.grebenc@state.mn.us
Phone: (651) 201-3792
Fax: (651) 215-9697

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

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of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by June 16, 2020 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by September 16, 2020 (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

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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://mdhprovidercontent.web.health.state.mn.us/lrc_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,

A handwritten signature in black ink, appearing to read "Douglas Larson".

Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4118 Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 04/16/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/16/2020
NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404		
(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 3/16/20, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be substantiated: H5266080C. Deficiency issued at F580. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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 on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial	F 580		4/30/20	

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

TITLE

(X6) DATE

Electronically Signed

04/09/2020

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 580	<p>Continued From page 1</p> <p>status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p>	F 580		

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F 580	<p>Continued From page 2</p> <p>Based on interview and document review, the facility failed to notify the family of a change in condition that resulted in an emergency transfer to the hospital for 1 of 3 residents (R1) reviewed for emergency transfer from the facility</p> <p>Findings include:</p> <p>A nursing note, dated 2/27/20, indicated at 2:50 a.m. R1 was found coughing and having difficult clearing secretions. The cap to R1's tracheotomy was removed and R1 was able to cough out secretions which included blood and a blood clot. Coughing ceased and R1's vitals were checked. R1 was breathing normally with normal blood oxygen.</p> <p>A nursing note, dated 2/28/20, at 3:38 a.m., indicated, at 12:20 a.m., R1 was having increased cough, was suctioned and had whitish blood tinged secretions and was given a breathing treatment. R1's vitals were checked with a temperature of 99.5 degrees Fahrenheit. R1 was checked again at 2:45 a.m. and threw up a bit of blood tinged tube feeding. Vitals were checked again and R1's temperature was 98.9 degrees Fahrenheit. The on call medical provider was notified and at 3:14 a.m. ordered a chest X-ray and blood work for R1. The nursing notes lacked documentation the family emergency contact had been notified of R1's condition.</p> <p>A nursing note dated 2/28/20, at 5:08 a.m., indicated R1 was checked at 4:30 a.m. when an alarm was sounding indicating R1 was having trouble breathing. R1 was found unresponsive and staff initiated cardio pulmonary resuscitation</p>	F 580	<p>F 580</p> <p>A. Resident expired at hospital.</p> <p>B. The licensed nurse assigned to this resident was counseled regarding this issue at that time.</p> <p>C. Reviewed expectations regarding timely communication with family/legal representative with licensed staff.</p> <p>D. Review 4 resident medical records for presence of change in condition and related communication. Review to occur for 4 weeks, then will review with QC for further direction.</p> <p>Compliance Date: 4/30/2020</p>		

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F 580	<p>Continued From page 3 (CPR) and called 911. The nursing notes lacked documentation the family emergency contact had been notified of R1's transfer to the hospital.</p> <p>A nursing note dated 2/28/20, at 5:49 a.m., indicated the hospital called to report R1 had died and the hospital had notified R1's family. The next entry in the medical record, dated 2/28/20, at 12:55 p.m. indicated social services had attempted to contact family to discuss removal of R1's belongings.</p> <p>Registered nurse (RN)-A, was interviewed on 3/16/20, at 1:26 p.m. RN-A explained, R1 had a history of a significant stroke prior to admission to the facility and was treated for cancer. RN-A verified R1's family had not been contacted when R 1 declined and was sent to the hospital. RNA-A verified it was the policy to contact the family, but may have been missed due to how quickly R1 declined.</p> <p>Family Member (FM)-A was interviewed on 3/20/20, at 2:00 p.m. FM-A was listed as the emergency contact for R1. FM-A verified the first notification about R1 came from the hospital who informed them R1 has passed. FM-A stated no calls were received from the facility when R1 was sent to the hospital. FM-A said the facility called sometime after R1's death to make arrangements for R1's personal belongings.</p> <p>The policy, Change in Condition, dated 2/2019, directed staff to observe residents for significant changes in condition. If a resident's condition did change nursing staff were to get vital signs, open an event in the electronic medical record and document assessment findings, and notify the</p>	F 580			

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F 580	Continued From page 4 attending physician, the interdisciplinary team and the resident or the resident representative. A notification of change was defined as immediately informing the resident and consulting with the resident representative when there is a significant change in the resident's physical, mental or psychosocial status, or there is the need to alter treatment significantly.	F 580			



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April 2, 2020

Administrator
Benedictine Health Center Of Minneapolis
618 East 17th Street
Minneapolis, MN 55404

Re: State Nursing Home Licensing Orders
Event ID: PQ5N11

Dear Administrator:

The above facility was surveyed on March 16, 2020 through March 16, 2020 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

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"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:

Sarah Grebenc, Unit Supervisor
Metro D Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: sarah.grebenc@state.mn.us
Phone: (651) 201-3792
Fax: (651) 215-9697

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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,



Douglas Larson, Enforcement Specialist
Minnesota Department of Health

Benedictine Health Center Of Minneapolis

April 2, 2020

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Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00960	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/16/2020
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAP	STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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 3/16/20, surveyors of this Department's staff visited the above provider for an abbreviated survey complaint investigation to investigate complaint: # H5266080C</p> <p>The following complaint was found to be substantiated:</p>	2 000		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/09/20
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Minnesota Department of Health

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2 000	Continued From page 1 H# 5266080C. Correction order issued at 4658.0085 The facility is enrolled in the electronic Plan of Correction (ePOC) and therefore a signature is not required at the bottom of the first page of the State form. Although no plan of correction is required, it is required that you acknowledge receipt of the electronic documents.	2 000		
2 265	MN Rule 4658.0085 Notification of Chg in Resident Health Status A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for: A. an accident involving the resident which results in injury and has the potential for requiring physician intervention; B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to	2 265		4/30/20

Minnesota Department of Health

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2 265	<p>Continued From page 2</p> <p>begin a new form of treatment;</p> <p>D. a decision to transfer or discharge the resident from the nursing home; or</p> <p>E. expected and unexpected resident deaths.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to notify the family of a change in condition that resulted in an emergency transfer to the hospital for 1 of 3 residents (R1) reviewed for emergency transfer from the facility</p> <p>Findings include:</p> <p>A nursing note, dated 2/27/20, indicated at 2:50 a.m. R1 was found coughing and having difficult clearing secretions. The cap to R1's tracheotomy was removed and R1 was able to cough out secretions which included blood and a blood clot. Coughing ceased and R1's vitals were checked. R1 was breathing normally with normal blood oxygen.</p> <p>A nursing note, dated 2/28/20, at 3:38 a.m., indicated, at 12:20 a.m., R1 was having increased cough, was suctioned and had whitish blood tinged secretions and was given a breathing treatment. R1's vitals were checked with a temperature of 99.5 degrees Fahrenheit. R1 was checked again at 2:45 a.m. and threw up a bit of blood tinged tube feeding. Vitals were checked again and R1's temperature was 98.9 degrees Fahrenheit. The on call medical provider was notified and at 3:14 a.m. ordered a</p>	2 265	Compliance Date: 4/30/2020	

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00960	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/16/2020
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAP	STREET ADDRESS, CITY, STATE, ZIP CODE 618 EAST 17TH STREET MINNEAPOLIS, MN 55404
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2 265	<p>Continued From page 3</p> <p>chest X-ray and blood work for R1. The nursing notes lacked documentation the family emergency contact had been notified of R1's condition.</p> <p>A nursing note dated 2/28/20, at 5:08 a.m., indicated R1 was checked at 4:30 a.m. when an alarm was sounding indicating R1 was having trouble breathing. R1 was found unresponsive and staff initiated cardio pulmonary resuscitation (CPR) and called 911. The nursing notes lacked documentation the family emergency contact had been notified of R1's transfer to the hospital.</p> <p>A nursing note dated 2/28/20, at 5:49 a.m., indicated the hospital called to report R1 had died and the hospital had notified R1's family. The next entry in the medical record, dated 2/28/20, at 12:55 p.m. indicated social services had attempted to contact family to discuss removal of R1's belongings.</p> <p>Registered nurse (RN)-A, was interviewed on 3/16/20, at 1:26 p.m. RN-A explained, R1 had a history of a significant stroke prior to admission to the facility and was treated for cancer. RN-A verified R1's family had not been contacted when R 1 declined and was sent to the hospital. RNA-A verified it was the policy to contact the family, but may have been missed due to how quickly R1 declined.</p> <p>Family Member (FM)-A was interviewed on 3/20/20, at 2:00 p.m. FM-A was listed as the emergency contact for R1. FM-A verified the first notification about R1 came from the hospital who informed them R1 has passed. FM-A stated no calls were received from the facility when R1 was sent to the hospital. FM-A said the facility called</p>	2 265		

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2 265	<p>Continued From page 4</p> <p>sometime after R1's death to make arrangements for R1's personal belongings.</p> <p>The policy, Change in Condition, dated 2/2019, directed staff to observe residents for significant changes in condition. If a resident's condition did change nursing staff were to get vital signs, open an event in the electronic medical record and document assessment findings, and notify the attending physician, the interdisciplinary team and the resident or the resident representative. A notification of change was defined as immediately informing the resident and consulting with the resident representative when there is a significant change in the resident's physical, mental or psychosocial status, or there is the need to alter treatment significantly.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator or designee could develop/revise and implement policies and procedures related to family notification of change and educate staff on these requirements. The quality assessment and assurance committee could perform random audits to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	2 265		