



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

July 31, 2020

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

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

Dear Administrator:

On July 31, 2020 the Minnesota Department(s) of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of July 13, 2020. Per the CMS Memo QSO-20-20-All, enforcement remedies were suspended from March 23, 2020 to May 31, 2020 and will be evaluated at a later date.

The CMS Region V Office may notify you of their determination regarding any 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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 17, 2020

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

SUBJECT: SURVEY RESULTS
CCN: 245266
Cycle Start Date: March 16, 2020

Dear Administrator:

SUSPENSION OF SURVEY AND ENFORCEMENT ACTIVITIES

The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19). In accordance with Memorandum QSO-20-20-All, CMS is suspending certain Federal and State Survey Agency surveys, and delaying revisit surveys, for all certified provider and supplier types.

During this time, CMS is prioritizing and conducting only the following surveys: focused infection control surveys, investigations of complaints and facility-reported incidents that are triaged at the Immediate Jeopardy (IJ) level, and revisit surveys for unremoved IJ level deficiencies. With the exception of unremoved IJs, CMS will also be exercising enforcement discretion during the suspension period. For additional information on the prioritization of survey activities please visit <https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0>.

SURVEY RESULTS

On June 8, 2020, the Minnesota Department of Health completed a complaint investigation at Benedictine Health Center Of Minneapolis to determine if your facility was in compliance with Federal requirements related to the complaint and. The survey revealed that your facility was not in substantial compliance. The findings from this survey are documented on the electronically delivered CMS 2567.

PLAN OF CORRECTION

You must submit an acceptable electronic plan of correction (ePOC) for the enclosed deficiencies that were cited during the June 8, 2020 survey. Benedictine Health Center Of Minneapolis may choose to delay submission of an ePOC until after the survey and enforcement suspensions have been lifted. The provider will have ten days from the date the suspensions are lifted to submit an ePOC. 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. Please note that if an onsite revisit is required, the revisit will be delayed until after survey and enforcement suspensions are lifted. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation.

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; and
- The date that each deficiency will be corrected.

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

Karen Aldinger, Unit Supervisor
Minnesota Department of Health
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: 320-249-2805

INFORMAL DISPUTE RESOLUTION

You have one opportunity to dispute the deficiencies cited on the June 8, 2020 survey through Informal Dispute Resolution (IDR) in accordance with 42 CFR § 488.331. To receive an IDR, send (1) your written request, (2) the specific deficiencies being disputed, (3) an explanation of why you are disputing those deficiencies, and (4) supporting documentation by fax or email to:

Karen Aldinger, Unit Supervisor
Minnesota Department of Health
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: 320-249-2805

An IDR may not be used to challenge any aspect of the survey process, including the following:

- Scope and Severity assessments of deficiencies, except for the deficiencies constituting immediate jeopardy and substandard quality of care;
- Remedies imposed;
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; and
- Alleged inadequacy or inaccuracy of the IDR process.

Benedictine Health Center Of Minneapolis

June 17, 2020

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We will advise you in writing of the outcome of the IDR. Should the IDR result in a change to the Statement of Deficiencies, we will send you a revised CMS-2567 reflecting the changes.

An IDR, including any face-to-face meetings, constitutes an informal administrative process that in no way is to be construed as a formal evidentiary hearing. If you wish to be accompanied by counsel for your IDR, then you must indicate that in your written request for informal dispute resolution.

Benedictine Health Center Of Minneapolis may choose to delay a request for an IDR until after the survey and enforcement suspensions have been lifted. The provider will have ten days from the date the suspensions are lifted to submit a request for an IDR in accordance with the instructions above.

QUALITY IMPROVEMENT ORGANIZATION (QIO) RESOURCES

The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding COVID-19 and infection control strategies can be found at <https://qioprogram.org/>. This page will continue to be updated as more information is made available. QIOs will be reaching out to Nursing Homes to provide virtual technical assistance related to infection control. QIOs per state can be found at <https://qioprogram.org/locate-your-qio>.

Sincerely,



Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

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

PRINTED: 06/29/2020
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 06/08/2020
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	<p>INITIAL COMMENTS</p> <p>On 6/3/20 and 6/8/20 , 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.</p> <p>The following complaint was found to be substantiated: H5266084C. Deficiency issued at F Tag #F686.</p> <p>H5266085C was unsubstantiated.</p> <p>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.</p> <p>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.</p>	F 000			
F 677 SS=D	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§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 ensure 1 of 3 residents (R2) reviewed for activities of daily living was</p>	F 677	<p>Plan of Action: A. R2 <input type="checkbox"/>s orders, care plan and nursing care worksheet were reviewed and</p>	7/13/20	

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

TITLE

(X6) DATE

Electronically Signed

06/26/2020

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 677	<p>Continued From page 1</p> <p>provided incontinence cares to stay clean and dry.</p> <p>Findings include:</p> <p>R2's annual Minimum Data Set (MDS) dated 4/23/20, included cognitively intact, did not reject cares, and was totally dependent upon staff for transfers and toileting, and was always incontinent of bowel and bladder.</p> <p>R2's care plan, last revised 5/10/20, directed staff, "Alteration in Urinary Function: due to paranoid schizophrenia, dementia with behavioral disturbances, generalized weakness and immobility." Staff were directed to, "Check and change resident with repositioning and prn [as needed.]"</p> <p>R2's physician orders, included a direction, dated 2/11/20, "Turn and reposition every 2hrs [two hours] in bed place BLUE WEDGE BEHIND HIS BACK, up load in w/c [wheelchair] every 2 hours."</p> <p>R2's care plan, edited 1/30/20, directed staff, "Reposition twice per shift and prn [as needed]"</p> <p>On 6/5/20, at 9:30 a.m. R2 was observed sitting in his wheelchair in the dining room. R2 had a can of soda he was drinking. R2 remained seated there. At 11:10 a.m. a registered nurse, (RN)-A, was observed taking vitals on R2. R2 continued to sit in wheelchair in dining room in the same location. At 11:55 a.m. R2 groaned quietly and scrunched up his legs to his mid section, but did not remove his bottom from his wheelchair seat. at 12:01 p.m. a nursing assistant, (NA)-A handed R2 a hand cleaning wipe. At 12:02 p.m. RN-B took the wipe from R2. At 12:05 p.m. NA-B</p>	F 677	<p>revised to reflect resident's current needs.</p> <p>B. Focus on review of orders, care plans and nursing care worksheets with OBRA MDS 3.0 cycle; revised when that need is identified.</p> <p>C. Review with nurses and nursing assistants the expectation that delivery of care is consistent with the plan of care.</p> <p>D. Random audit of resident orders, care plan and nursing care worksheets with OBRA MDS 3.0 cycle. Initially two audits per unit weekly, then bi-weekly if no issues identified; then transition to one per unit monthly. Begin this review cycle the week of July 6, 2020. Random direct observation of staff actions to verify that the actions present in the nursing care worksheet are taking place; these will occur weekly, beginning the following week. Direct observation will focus on 2nd, 3rd and 4th floors, consistent with the higher level of resident clinical and physical care needs. Communicate results of audits to Quality Council for further direction.</p> <p>Responsible party is the Director of Nursing or Designee.</p>		

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F 677	<p>Continued From page 2</p> <p>served R2 a plate of food and beverages. R2 ate and drank food, including milk independently until 12:30 p.m. R2 remained at the table with tray in front of him until it was removed by an unidentified staff at 12:36 p.m. At 12:39 p.m. NA-A removed R2's clothing protector and wheeled R2 to his room. At 12:40 p.m. NA-A and R2 joined NA-B in R2's room with a full mechanical lift. R2 was observed to have a large wet spot in the front of his pants as he sat in his wheelchair. NA-A and NA-B attached a sling surrounding R2 to a full mechanical lift and raised R2 up off his wheelchair. A large wet spot was observed on R2's bottom. A pungent odor of urine was noted. NA-A and NA-B placed R2 in his bed, removed his soiled disposable brief and pants, wiped his front private area and then bottom and put a clean disposable brief and pair of pants on R2.</p> <p>On 6/5/20, at 12:50 p.m. NA-A reported she was R2's primary aide for the day. She reported she provided morning cares when R2 awoke at about 9:00 a.m. and then changed his brief, pants and provided peri cares just prior to meeting. NA-A explained that was R2's routine. NA-A reported R2 was provided with repositioning and checked and changed between morning cares and lunch previously when R2 had a red area on his bottom, but that had been discontinued. NA-B reported she was not as familiar with R2's cares and deferred to NA-A for R2's care routine. NA-A verified it had been 3 hours and 40 minutes since R2 had been checked for incontinence and assisted with cares.</p> <p>On 6/5/20, at 12:55 p.m., RN-A reported R2 should be checked and changed every 2 hours, when he woke up, after breakfast and after lunch.</p>	F 677			

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F 677	Continued From page 3 RN-A reported she did vitals on R2 and did not note if he was wet. RN-A reported R2 drank a can of caffeine soda as well as water and milk, which may have contributed to his wetness. RN-A reported she believed R2 was assisted with morning cares at about 9:00 a.m. On 6/5/20, at 1:10 p.m. the director of nursing (DON) reported she believed R2 was to be checked and changed for incontinence when he got up in the morning, after breakfast and after lunch. DON was unclear what it meant to reposition twice per shift. DON reported R2 at times resisted more frequent cares and questioned if that was why he was not offered incontinence cares between 9:30 a.m. and 12:40 p.m. DON reported the caregivers on the unit today were not the ones routinely providing care for R2. DON reported the facility was experiencing challenges with consistent staffing related to the pandemic and recent unrest in the area.	F 677			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent	F 686		7/13/20	

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F 686	<p>Continued From page 4 new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure 1 of 3 residents (R2) reviewed for pressure ulcers received timely repositioning.</p> <p>Findings include:</p> <p>R2's annual minimum data set (MDS) assessment, dated 4/23/20, included, cognitively intact, did not reject cares, was totally dependent upon staff for transfers and bed mobility, and was at risk for pressure ulcers.</p> <p>R2's care plan, last revised 5/10/20, directed staff, "Alteration in Urinary Function: due to paranoid schizophrenia, dementia with behavioral disturbances, generalized weakness and immobility." Interventions included, "Check and change resident with repositioning and prn [as needed]."</p> <p>R2's orders, included a direction, dated 2/11/20, "Turn and reposition every 2hrs [two hours] in bed place BLUE WEDGE BEHIND HIS BACK, up load in w/c [wheelchair] every 2 hours."</p> <p>R2's care plan, last revised 05/10/2020, directed staff, "Resident is at risk for pressure ulcers R/T [related to] generalized weakness, altered mobility, and care refusals d/t [due to] dementia with behavioral disturbance, paranoid schizophrenia, and PVD [Peripheral vascular disease]."</p> <p>R2's care plan, edited 1/30/20, directed staff, "Reposition twice per shift and prn [as needed]"</p>	F 686	<p>Plan of Action:</p> <p>A. R2's orders, care plan and nursing care worksheet were reviewed and revised to reflect resident's current needs.</p> <p>B. Focus on review of orders, care plans and nursing care worksheets with OBRA MDS 3.0 cycle; revised when that need is identified.</p> <p>C. Review with nurses and nursing assistants the expectation that delivery of care is consistent with the plan of care.</p> <p>D. Random audit of resident orders, care plan and nursing care worksheets with OBRA MDS 3.0 cycle. Initially two audits per unit weekly, then bi-weekly if no issues identified; then transition to one per unit monthly. Begin this review cycle the week of July 6, 2020. Random direct observation of staff actions to verify that the actions present in the nursing care worksheet are taking place; these will occur weekly, beginning the following week. Direct observation will focus on 2nd, 3rd and 4th floors, consistent with the higher level of resident clinical and physical care needs. Communicate results of audits to Quality Council for further direction.</p> <p>Responsible party is the Director of Nursing or Designee.</p>		

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F 686	Continued From page 5 On 6/5/20, at 9:30 a.m. R2 was observed sitting in his wheelchair in the dining room. R2 had a can of soda he was drinking. R2 remained seated there. At 11:10 a.m. a registered nurse, (RN)-A, was observed taking vitals on R2. R2 continued to sit in wheelchair in dining room in the same location. At 11:55 a.m. R2 groaned quietly and scrunched up his legs to his mid section, but did not remove his bottom from his wheelchair seat. at 12:01 p.m. a nursing assistant, (NA)-A handed R2 a hand cleaning wipe. At 12:02 p.m. RN-B took the wipe from R2. At 12:05 p.m. NA-B served R2 a plate of food and beverages. R2 ate and drank food, including milk independently until 12:30 p.m. R2 remained at the table with tray in front of him until it was removed by an unidentified staff at 12:36 p.m. At 12:39 p.m. NA-A removed R2's clothing protector and wheeled R2 to his room. At 12:40 p.m. NA-A and R2 joined NA-B in R2's room with a full mechanical lift. R2 was observed to have a large wet spot in the front of his pants as he sat in his wheelchair. NA-A and NA-B attached a sling surrounding R2 to a full mechanical lift and raised R2 up off his wheelchair. A large wet spot was observed on R2's bottom. A pungent odor of urine was noted. NA-A and NA-B placed R2 in his bed, removed his soiled disposable brief and pants, wiped his front private area and then bottom and put a clean disposable brief and pair of pants on R2. On 6/5/20, at 12:50 p.m. NA-A reported she was R2's primary aide for the day. She reported she provided morning cares when R2 awoke at about 9:00 a.m. and then repositioned R2 when she changed R's brief, pants and provided peri cares just prior to meeting. NA-A explained that was	F 686			

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F 686	<p>Continued From page 6</p> <p>R2's routine. NA-A reported R2 was provided with repositioning and checked and changed between morning cares and lunch previously when R2 had a red area on his bottom, but that had been discontinued. NA-B reported she was not as familiar with R2's cares and deferred to NA-A for R2's care routine. NA-A confirmed R2 had not been repositioned for 3 hours and 40 minutes this morning.</p> <p>On 6/5/20, at 12:55 p.m., RN-A reported R2 should be repositioned every 2 hours, when he woke up, after breakfast and after lunch. RN-A reported she did vitals on R2 and did not note if he was wet.</p> <p>On 6/5/20, at 1:10 p.m. the director of nursing (DON) reported she believed R2 was to be checked and changed for incontinence when he got up in the morning, after breakfast and after lunch. DON reported R2 at times resisted more frequent cares and questioned if that was why he was not offered incontinence cares between 9:30 a.m. and 12:40 p.m. DON reported the order for "upload" in wheelchair should be for offloading (repositioning to remove pressure from a bony area). DON reported the caregivers on the unit today were not the ones routinely providing care for R2. DON reported the facility was experiencing challenges with consistent staffing related to the pandemic and recent unrest in the area.</p>	F 686			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 17, 2020

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

Re: State Nursing Home Licensing Orders
Event ID: YVZU11

Dear Administrator:

The above facility was surveyed on June 3, 2020 through June 8, 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

Benedictine Health Center Of Minneapolis

June 17, 2020

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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:

Karen Aldinger, Unit Supervisor
Minnesota Department of Health
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: 320-249-2805

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,



Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

Benedictine Health Center Of Minneapolis

June 17, 2020

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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 06/08/2020
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAPOLIS	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 6/3/20 and 6/8/20 a survey was conducted to determine compliance for state licensure. The following correction orders are issued. Please indicate your electronic plan of correction that you have reviewed these order, and identify the date when they will be corrected.</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE
06/26/20

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>On 6/3/20 and 6/8/20, a complaint survey was conducted to determine compliance with state licensure. The following correction orders are issued. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p> <p>The following complaint was found to be substantiated: H5266084C. Correction orders issued at 4658,0525 subp. 4 and 6B.</p> <p>The following complaint was found unsubstantiated: H5266085C.</p>	2 000		
2 905	<p>MN Rule 4658.0525 Subp. 4 Rehab - Positioning</p> <p>Subp. 4. Positioning. Residents must be positioned in good body alignment. The position of residents unable to change their own position must be changed at least every two hours, including periods of time after the resident has been put to bed for the night, unless the physician has documented that repositioning every two hours during this time period is unnecessary or the physician has ordered a different interval.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure 1 of 3 residents (R2) reviewed for pressure ulcers received timely repositioning. Findings include: R2's annual minimum data set (MDS) assessment, dated 4/23/20, included, cognitively intact, did not reject cares, was totally dependent</p>	2 905	Corrected	7/13/20

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2 905	<p>Continued From page 2</p> <p>upon staff for transfers and bed mobility, and was at risk for pressure ulcers.</p> <p>R2's care plan, last revised 5/10/20, directed staff, "Alteration in Urinary Function: due to paranoid schizophrenia, dementia with behavioral disturbances, generalized weakness and immobility." Interventions included, "Check and change resident with repositioning and prn [as needed.]"</p> <p>R2's orders, included a direction, dated 2/11/20, "Turn and reposition every 2hrs [two hours] in bed place BLUE WEDGE BEHIND HIS BACK, up load in w/c [wheelchair] every 2 hours."</p> <p>R2's care plan, last revised 05/10/2020, directed staff, "Resident is at risk for pressure ulcers R/T [related to] generalized weakness, altered mobility, and care refusals d/t [due to] dementia with behavioral disturbance, paranoid schizophrenia, and PVD [Peripheral vascular disease]."</p> <p>R2's care plan, edited 1/30/20, directed staff, "Reposition twice per shift and prn [as needed]"</p> <p>On 6/5/20, at 9:30 a.m. R2 was observed sitting in his wheelchair in the dining room. R2 had a can of soda he was drinking. R2 remained seated there. At 11:10 a.m. a registered nurse, (RN)-A, was observed taking vitals on R2. R2 continued to sit in wheelchair in dining room in the same location. At 11:55 a.m. R2 groaned quietly and scrunched up his legs to his mid section, but did not remove his bottom from his wheelchair seat. at 12:01 p.m. a nursing assistant, (NA)-A handed R2 a hand cleaning wipe. At 12:02 p.m. RN-B took the wipe from R2. At 12:05 p.m. NA-B served R2 a plate of food and beverages. R2 ate and drank food, including milk independently until 12:30 p.m. R2 remained at the table with tray in front of him until it was removed by an unidentified staff at 12:36 p.m. At 12:39 p.m. NA-A removed R2's clothing protector and</p>	2 905		

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2 905	<p>Continued From page 3</p> <p>wheeled R2 to his room. At 12:40 p.m. NA-A and R2 joined NA-B in R2's room with a full mechanical lift. R2 was observed to have a large wet spot in the front of his pants as he sat in his wheelchair. NA-A and NA-B attached a sling surrounding R2 to a full mechanical lift and raised R2 up off his wheelchair. A large wet spot was observed on R2's bottom. A pungent odor of urine was noted. NA-A and NA-B placed R2 in his bed, removed his soiled disposable brief and pants, wiped his front private area and then bottom and put a clean disposable brief and pair of pants on R2.</p> <p>On 6/5/20, at 12:50 p.m. NA-A reported she was R2's primary aide for the day. She reported she provided morning cares when R2 awoke at about 9:00 a.m. and then repositioned R2 when she changed R's brief, pants and provided peri cares just prior to meeting. NA-A explained that was R2's routine. NA-A reported R2 was provided with repositioning and checked and changed between morning cares and lunch previously when R2 had a red area on his bottom, but that had been discontinued. NA-B reported she was not as familiar with R2's cares and deferred to NA-A for R2's care routine. NA-A confirmed R2 had not been repositioned for 3 hours and 40 minutes this morning.</p> <p>On 6/5/20, at 12:55 p.m., RN-A reported R2 should be repositioned every 2 hours, when he woke up, after breakfast and after lunch. RN-A reported she did vitals on R2 and did not note if he was wet.</p> <p>On 6/5/20, at 1:10 p.m. the director of nursing (DON) reported she believed R2 was to be checked and changed for incontinence when he got up in the morning, after breakfast and after lunch. DON reported R2 at times resisted more frequent cares and questioned if that was why he was not offered incontinence cares between 9:30</p>	2 905		

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2 905	Continued From page 4 a.m. and 12:40 p.m. DON reported the order for "upload" in wheelchair should be for offloading (repositioning to remove pressure from a bony area). DON reported the caregivers on the unit today were not the ones routinely providing care for R2. DON reported the facility was experiencing challenges with consistent staffing related to the pandemic and recent unrest in the area. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies regarding repositioning residents dependent on staff for repositioning. The DON or designee could educate staff on those policies and audit for compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 905		
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 ensure 1 of 3 residents (R2) reviewed for activities of daily living was provided incontinence cares to stay clean and dry. Findings include: R2's annual Minimum Data Set (MDS) dated	2 920	Corrected	7/13/20

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2 920	<p>Continued From page 5</p> <p>4/23/20, included cognitively intact, did not reject cares, and was totally dependent upon staff for transfers and toileting, and was always incontinent of bowel and bladder. R2's care plan, last revised 5/10/20, directed staff, "Alteration in Urinary Function: due to paranoid schizophrenia, dementia with behavioral disturbances, generalized weakness and immobility." Staff were directed to, "Check and change resident with repositioning and prn [as needed.]"</p> <p>R2's physician orders, included a direction, dated 2/11/20, "Turn and reposition every 2hrs [two hours] in bed place BLUE WEDGE BEHIND HIS BACK, up load in w/c [wheelchair] every 2 hours." R2's care plan, edited 1/30/20, directed staff, "Reposition twice per shift and prn [as needed]"</p> <p>On 6/5/20, at 9:30 a.m. R2 was observed sitting in his wheelchair in the dining room. R2 had a can of soda he was drinking. R2 remained seated there. At 11:10 a.m. a registered nurse, (RN)-A, was observed taking vitals on R2. R2 continued to sit in wheelchair in dining room in the same location. At 11:55 a.m. R2 groaned quietly and scrunched up his legs to his mid section, but did not remove his bottom from his wheelchair seat. at 12:01 p.m. a nursing assistant, (NA)-A handed R2 a hand cleaning wipe. At 12:02 p.m. RN-B took the wipe from R2. At 12:05 p.m. NA-B served R2 a plate of food and beverages. R2 ate and drank food, including milk independently until 12:30 p.m. R2 remained at the table with tray in front of him until it was removed by an unidentified staff at 12:36 p.m. At 12:39 p.m. NA-A removed R2's clothing protector and wheeled R2 to his room. At 12:40 p.m. NA-A and R2 joined NA-B in R2's room with a full mechanical lift. R2 was observed to have a large wet spot in the front of his pants as he sat in his wheelchair. NA-A and NA-B attached a sling</p>	2 920		

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2 920	<p>Continued From page 6</p> <p>surrounding R2 to a full mechanical lift and raised R2 up off his wheelchair. A large wet spot was observed on R2's bottom. A pungent odor of urine was noted. NA-A and NA-B placed R2 in his bed, removed his soiled disposable brief and pants, wiped his front private area and then bottom and put a clean disposable brief and pair of pants on R2.</p> <p>On 6/5/20, at 12:50 p.m. NA-A reported she was R2's primary aide for the day. She reported she provided morning cares when R2 awoke at about 9:00 a.m. and then changed his brief, pants and provided peri cares just prior to meeting. NA-A explained that was R2's routine. NA-A reported R2 was provided with repositioning and checked and changed between morning cares and lunch previously when R2 had a red area on his bottom, but that had been discontinued. NA-B reported she was not as familiar with R2's cares and deferred to NA-A for R2's care routine. NA-A verified it had been 3 hours and 40 minutes since R2 had been checked for incontinence and assisted with cares.</p> <p>On 6/5/20, at 12:55 p.m., RN-A reported R2 should be checked and changed every 2 hours, when he woke up, after breakfast and after lunch. RN-A reported she did vitals on R2 and did not note if he was wet. RN-A reported R2 drank a can of caffeine soda as well as water and milk, which may have contributed to his wetness. RN-A reported she believed R2 was assisted with morning cares at about 9:00 a.m.</p> <p>On 6/5/20, at 1:10 p.m. the director of nursing (DON) reported she believed R2 was to be checked and changed for incontinence when he got up in the morning, after breakfast and after lunch. DON was unclear what it meant to reposition twice per shift. DON reported R2 at times resisted more frequent cares and questioned if that was why he was not offered</p>	2 920		

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2 920	<p>Continued From page 7</p> <p>incontinence cares between 9:30 a.m. and 12:40 p.m. DON reported the caregivers on the unit today were not the ones routinely providing care for R2. DON reported the facility was experiencing challenges with consistent staffing related to the pandemic and recent unrest in the area.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise as needed policies regarding providing incontinence care to dependent residents. The DON or designee could educate staff and audit for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 920		