



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
August 19, 2026

Administrator
BENEDICTINE LIVING COMMUNITY MOTHER OF MERCY
230 CHURCH AVENUE, BOX 676
ALBANY, MN 56307

RE: CCN: 245339
Cycle Start Date: July 15, 2026

Dear Administrator:

On August 18, 2026, the Minnesota Department(s) of Health and Public Safety, 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.

A handwritten signature in blue ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

July 23, 2026

Administrator

Benedictine Living Community - Mother of Mercy

230 Church Avenue, Box 676

Albany, MN 56307

RE: CCN: 245339

Cycle Start Date: July 15, 2026

Dear Administrator:

On July 15, 2026, a survey was completed at your facility by the Minnesota Department 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 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" and/or an "E" tag), i.e., the plan of correction should be directed to:

Alex Warren, Regional Operations Supervisor
 Duluth District Office
 Health Regulation Division
 Minnesota Department of Health
 11 East Superior Street, Suite 290
 Duluth, MN 55082
 Email: Alex.Warren@state.mn.us
 Office: 218-302-6186 Mobile: 651-279-5375

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 **October 15, 2026** (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 **January 15, 2027** (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)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us



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July 23, 2026

Administrator

Benedictine Living Community Mother of Mercy

230 Church Avenue, Box 676

Albany, MN 56307

Re: Event ID: 28502D-H1

Dear Administrator:

The above facility survey was completed on July 15, 2026, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Zahler'.

Holly Zahler, Compliance Analyst

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

Office: 651-201-4384

Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245339		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/15/2026	
NAME OF PROVIDER OR SUPPLIER BENEDICTINE LIVING COMMUNITY MOTHER OF MERCY				STREET ADDRESS, CITY, STATE, ZIP CODE 230 CHURCH AVENUE, BOX 676 , ALBANY, Minnesota, 56307			
(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	
F0000	INITIAL COMMENTS On 7/15/26, an abbreviated survey was completed by surveyors from the Minnesota Department of Health (MDH) to conduct a complaint investigation. Your facility was found NOT in compliance with the requirements of 42 CFR 483, Subpart B, the Requirements for Long Term Care Facilities. The following complaint was reviewed: H53393058C (3053697); with non-compliance cited at F684. 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.		F0000			08/11/2026	
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to ensure a placed peripheral insertion central catheter (PICC) line was monitored and recorded in the medical record to ensure continuity of care in accordance with current standards of care for 1 of 1 resident (R1) reviewed for PICC care. R1 had a PICC line in place for over 30 days at the care center but the measurement from insertion to catheter hub		F0684	This plan of correction constitutes the facility's credible allegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truths or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed in accordance with federal and state law requirements. R1 had PICC removed on 7/14/26. In review of medical record, PICC measurements were completed upon admission but order set and care plan were not updated to reflect placement of PICC and monitoring of placement. PICC dressing was changed every 7 days by facility staff or by staff at local hospital. DON completed Audit of all other residents that had CVC in house. No other residents have a CVC line in house at time of audit.		08/11/2026	

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 reverse for further 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245339		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/15/2026	
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F0684 SS = D	Continued from page 1 (used to determine if the line is migrating) was not consistently tracked or recorded. This could delay identification of line migration or contribute to associated complications (i.e., thrombosis, vessel perforation, catheter dysfunction). Findings include: R1's (Hospital) Discharge Summary, dated 6/10/26, identified R1 was hospitalized for over two weeks due to acute bacterial endocarditis (infection of the heart lining or valves) and urinary tract infection (UTI). R1 was seen by infectious disease (ID) and antibiotics were implemented. A PICC was placed and R1 was discharged to the care center with orders for intravenous (IV) antibiotics every 24 hours continuous. The summary included directions to change R1's PICC dressing weekly and as needed (PRN). R1's admission Minimum Data Set (MDS), dated 6/16/26, identified R1 had intact cognition and demonstrated no delusional thinking. The MDS recorded R1 received intravenous (IV) medications while a resident at the care center. R1's progress note, dated 6/19/26, identified R1's PICC line dressing had been changed using sterile technique. The insertion site to catheter hub was listed as 4 centimeters (cm), and no signs of infection were identified. R1's care plan, last reviewed 7/9/26, identified R1's actual or potential problems along with goals for care and interventions to meet the goals. R1 had potential for an alteration in mood due to admission to the nursing home and using IV antibiotics. However, the care plan lacked any specific problem statement or what, if any, interventions were being completed specifically for the PICC line. R1's Medication Administration Record (MAR) and Treatment Administration Record (TAR), dated 6/2026, identified multiple orders to change R1's PICC line dressing every 7 days using sterile technique. When reviewed, the data identified the dressing was changed on 6/17/26, 6/19/26, 6/26/26, and 6/27/26. R1's MAR and TAR, dated 7/2026, identified again multiple orders to change R1's PICC line dressing. When reviewed, the data identified the dressing had been changed on 7/10/26. The PICC was then removed on 7/14/26. However, both months' MAR/TAR lacked any evidence of the PICC catheter being measured from insertion site to catheter hub to ensure no migration of the line. Further, R1's medical record was reviewed and			F0684	Continued from page 1 Central Venous Catheter Care (CVC) and dressing change policy was reviewed and remains current. Education provided to all licensed nursing staff on proper measurement and documentation of CVC in addition to updating care plan and provider notification of migration or dislodgement if suspected. Education also provided on new facility workflow for CVC order sets. All Licensed staff will receive education by 8/11/26 or prior to their next scheduled shift. DON or Designee will audit all in house CVC lines for appropriate documentation and care planning weekly x 4 months. Audit results will be brought to the monthly Quality Assurance and Performance Improvement Committee for review and further action as necessary to ensure ongoing compliance. Date of Compliance 8/11/2026.		08/11/2026

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F0684 SS = D	Continued from page 2 lacked evidence any further measurement of the IV catheter had been completed after 6/19/26. On 7/15/26 at 10:39 a.m., R1 was interviewed in his room. R1 admitted to the care center from the hospital where he was found to have “a bug” in his urine (UTI) and needed IV antibiotics. R1 stated he had a PICC in place in his left inner arm until just yesterday (7/14) when it was removed. R1 stated he thought the nurses did a weekly dressing change on the device but was unsure if or how often the nurses were measuring the length of the catheter. R1 expressed no major concerns with his care at the center. When interviewed on 7/15/26 at 10:54 a.m., registered nurse (RN)-A stated they were currently assigned to R1 and had worked with him in the past. RN-A explained R1 had a PICC line in place until recently when it was removed, and they had never completed the dressing change on him specifically while he was at the care center. RN-A stated they were aware of the process to do a PICC line dressing change and explained it aloud. The process included removing the old dressing and then measuring the catheter length from insertion site to hub, and that measurement should be recorded in a progress note for tracking. RN-A stated nobody from the care center had ever told or directed them to do that, however, it was rather “just what I am used to doing.” RN-A stated the center had recently changed medical record (EMR) systems and the old system would have a prompt to record the length when recording the dressing change each time, however, the new system didn't have that, so it was up to the nurse to write it in the progress notes. When interviewed on 7/15/26 at 11:05 a.m., licensed practical nurse (LPN)-A stated they had worked with residents' using PICC lines before, and explained the RN usually changed the first PICC dressing after admission then the LPN could do it. LPN-A stated they check the site visually with each flush but if they had to do a dressing change, they'd have the unit manager help them and guide them doing it. LPN-A stated a catheter measurement should be done with each dressing change and recorded in the progress notes adding, “You should.” On 7/15/26 at 12:14 p.m., the director of nursing (DON) was interviewed and verified they had reviewed R1's medical record. DON explained that the prior EMR system (PointClickCare) had more data recorded to show the tracking and measurement of the PICC catheter. The new EMR was “a bit different” and didn't have an			F0684			08/11/2026

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F0684 SS = D	Continued from page 3 auto-populate question to be answered like the prior system did. R1’s TAR had directions to monitor the PICC site but nothing specific to record the measurement for tracking purposes. DON stated that “ideally” a separate order in the MAR/TAR would be in place for the nurses to reference the last line measurement at quick glance and so it was “easily accessible” information. DON also acknowledged the lack of PICC information on the formal care plan and stated it should be included there. DON stated having the measurement tracked and information readily accessible was good to have so nurses can be aware if the line was migrating with each dressing change. It should be recorded in the progress notes under this new EMR system, and the facility was still trying to review multiple processes, like PICC line measurement, which had not directly converted when the EMR changed. The facility Central Venous Catheter Care and Dressing Changes policy, dated 7/9/26, identified general guidelines for line care including, “6. Measure the length of the external central vascular access device with each dressing change or if catheter dislodgement is suspected. Compare with the length documented at insertion.” The policy outlined documentation to be completed which included the date/time of dressing change, location and objective description of the insertion site, and any complications. However, it did not outline how the external catheter measurement would be tracked or kept readily accessible for staff references.			F0684			08/11/2026

Minnesota Department of Health

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20000	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 7/15/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure requirements. The following complaints were reviewed: H53393058C (3053697) Minnesota Department of Health (MDH) is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in			20000			08/11/2026

Office of Primary Care and Health Systems Management

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

Minnesota Department of Health

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20000	Continued from page 1 ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.			20000			08/11/2026