

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Benedictine Health Center Innsbruck		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 Black Oak Drive New Brighton, MN 55112	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>47083</p> <p>Based on interview and document review, the facility failed to follow physician orders to provide a resident nothing by mouth for 1 of 5 residents (R1) reviewed for diet orders. This resulted in an immediate jeopardy (IJ) for R1 when he was provided with a pastry, orange juice and coffee by staff, and later became hypoxic and was sent to the hospital. The facility implemented corrective action prior to the investigation so the deficiency was issued at Past Noncompliance.</p> <p>The IJ began on 11/4/24 at 8:45 a.m. when nursing assistant (NA)-A provided R1 with a pastry, orange juice and coffee. The administrator and director of nursing (DON) were notified of the IJ on 11/8/24 at 2:48 p.m. The facility implemented corrective action on 11/5/24, prior to the start of the survey and was therefore Past Noncompliance.</p> <p>Findings include:</p> <p>R1's Face Sheet dated 11/1/24 indicated R1's diagnoses included acute respiratory failure and pneumonitis (inflammation of the lung tissue).</p> <p>R1's care plan dated 11/2/24 indicated R1 was at risk for aspiration (when something swallowed enters the airway or lungs), and directed tube feedings for nutrition. The care plan also indicated R1 had dementia and cognitive loss.</p> <p>R1's Physician Order dated 11/1/24, directed nothing to eat or drink by mouth, no food, no water, no ice chips.</p> <p>On 11/4/24 at 8:45 a.m., a progress note indicated R1 was served 120 cubic centimeters (cc) of coffee, 60 cc of orange juice, and one Danish pastry. Staff removed the remainder of the food and assisted the R1 to his room. R1's provider and family were notified.</p> <p>On 11/4/24 at 10:27 a.m., a progress note indicated R1 had large amount of emesis on his bathroom floor.</p> <p>On 11/4/24 at 10:27 p.m., a late entry progress note indicated at 6:26 p.m. R1 was unresponsive, he had crackles in his lungs, an elevated heart rate of 112/minute, low oxygen saturation level of 84% on room air. Oxygen at 4 liters/nasal cannula was initiated and 911 was called at 6:10 p.m. R1 was admitted to the hospital for pneumonia.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 11/4/24 a hospital note indicated R1 was admitted for probable recurrent aspiration pneumonia and acute hypoxia respiratory failure. R1 remained hospitalized .</p> <p>On 11/7/24 at 12:10 p.m. NA-A stated she served R1 a pastry, coffee, and orange juice on 11/4/24. She did not realize R1 was NPO until a coworker informed her. She immediately informed registered nurse (RN)-A who instructed her to remove the food from R1.</p> <p>On 11/7/24 at 1:15 p.m., RN-A stated she was responsible for the care plans and NA assignment sheets upon resident admission. She became aware R1 was served food on 11/4/24 around 8:45 a.m. when NA-A told her. She assessed R1's his lung sounds, which were clear at that time, and updated the nurse practitioner (NP)-A. At approximately 10:30 a.m., R1 began coughing, and had an emesis on his bathroom floor. She assessed his lung sounds which had crackles (can indicate fluid in lungs) and updated R1's physician who ordered a chest x-ray. RN-A stated NA-A should have checked the care plan prior to providing R1 with food.</p> <p>On 11/8/24 at 9:56 am. NP-A stated on 11/4/24, he was informed R1 received food and drink by mouth. R1 should not have received food or fluids by mouth, and this could have led to aspiration pneumonia.</p> <p>On 11/8/24, the director of nursing (DON) stated all staff were given the assignment sheets and were expected to check the assignment sheet to determine a resident's diet plan.</p> <p>The facility policy Diet Orders dated 2012, directed each resident will receive and consume foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician and/or assessed by the interdisciplinary team to support the treatment and plan of care.</p> <p>The past noncompliance immediate jeopardy began on 11/4/24. The immediate jeopardy was removed and the deficient practice was corrected by 11/5/24, after the facility implemented a systemic plan that included the following actions: Education to all staff regarding dietary orders, a review of dietary policy and procedure, audits on all residents to ensure those with NPO status did not receive anything by mouth, and those residents on special textured diets received the proper diet texture foods. Verification of the correction action was confirmed by observation, interview and document review on 11/7/24 and 11/8/24.</p>		