

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 02/04/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews the facility failed to update the care plan for 1 of 1 resident (R1) reviewed for communication. Findings include: R1's undated face sheet, indicated R1 was Vietnamese, admitted on [DATE], was moderately cognitively impaired, and had the following diagnoses: intercranial hemorrhage, hemiplegia and hemiparesis (loss of use of one side of the body), chronic kidney disease, hypertension, aphagia and pain. R1's social services assessment dated [DATE], indicated R1's preferred language was Vietnamese. R1's Care plan reviewed on 2/3/25, lacked identification of or interventions related to language or communication needs. On 2/3/26 at 3:25p.m., upon entering the room R1 immediately requested to have an interpreter because they could not understand writer. Via translation, R1 stated they felt like the facility did not care for them. R1 did not understand what was happening with their care, or to them. They stated they did not know how to communicate with the facility staff which was very frustrating. On 2/3/26 at 3:20 p.m., the nursing assistant (NA)-A stated they would usually communicate with R1 via broken English and hand gestures. NA-A stated there was nothing on the care plan about ways or options to communicate with R1 and it would be useful information to include in the care plan. On 2/4/26 at 11:53p.m., the director of nursing (DON) stated they felt R1 was able to communicate their needs. However, it was their right to understand fully and know what was happening to and around them. The DON stated it was important to include R1's communication needs in their care plan to be able to understand and meet their needs better. On 2/4/26 at 12:16p.m., the administrator confirmed their expectation to have communication/language preferences included in each resident's care plan. The facility policy Comprehensive Assessments and Care Plan last reviewed 10/2/23, indicated the facility must conduct an assessment to include communication needs in addition other needs, and use the assessment to develop, review, and revise the resident's person-centered comprehensive care plan.</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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