

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/01/2024
NAME OF PROVIDER OR SUPPLIER  St Benedicts Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1810 Minnesota Boulevard Southeast Saint Cloud, MN 56304	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>49657</p> <p>Based on record review and interview the facility failed to ensure the correct advanced directives were documented and stored in the resident's paper chart for 1 of 1 resident (R110) reviewed for advanced directives.</p> <p>Findings include:</p> <p>R110's face sheet dated 7/30/2024, indicated R110's advance directive wishes were Do Not Resuscitate (DNR).</p> <p>R110's current order summary report dated 8/2/24, indicated R110 was a DNR.</p> <p>On 7/29/24 at approximately 2:25 p.m., R110's paper chart included an Advanced Directive Consent (ADC), however it was for Full code, and had another residents name on the form, not R110's.</p> <p>On 7/29/24 at 2:30 p.m., registered nurse (RN)-A stated they would go to the paper chart to verify the residents code status.</p> <p>On 7/29/24 at 2:30 p.m., licensed practical nurse (LPN)-A stated they would go to the paper chart to verify the residents code status. LPN-A retrieved R110's paper chart and stated R110 was a full code. LPN was directed to verify the resident's name on the ADC and LPN-A stated the person was not the same. It was not R110's ADC.</p> <p>On 7/29/24 at 2:39 p.m., the unit manager RN-B stated they expected staff to look at the paper chart for code statuses and if for some reason the ADC was not there, they expected them to refer to point click care (PCC) the resident's electronic health record. RN-B retrieved R110's paper chart, and identified the form for another resident was present in R110's chart, not R110's.</p> <p>On 8/1/24 at 10:28 a.m., the director of nursing (DON) (O)-A stated if their staff needed to verify a code status of a resident they should go to the paper chart. O-A stated their policy was, upon admission to review the residents advance directive wishes, have the physician sign off on the order, put it in the paper chart and update orders and care plans accordingly.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Advance Directive Facility Policy last revised September of 2022, indicated if the resident or the residents representative has executed one or more advance directives, or executes one upon admission, copies of these documents are obtained and maintained in the same section of the residents medical record and are readily retrievable by any facility staff.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>49035</p> <p>Based on observation, interview, and record review, facility failed to accurately post facility staffing hours with the potential to affect all residents and visitors.</p> <p>Findings include:</p> <p>On 7/30/24 at 9:00 a.m., the staff posting was observed in a public area next to a main set of elevators.</p> <p>Review of daily staff posting and schedules showed a discrepancy between hours worked and hours scheduled. The staff posting did not include all hours scheduled and did not have a category for registered nursing (RN).</p> <p>On 7/30/24 at 12:48 p.m., director of nursing (DON) stated the daily staff posting was completed by herself or a health information specialist during the week and by another staff member over the weekend. The DON stated the schedule would be updated and reprinted if a call in or change occurred. The DON confirmed the daily staff posting did not reflect the staff schedule. The DON confirmed the daily staff posting listed all licensed nursing staff as licensed practical nurses (LPN) and did not differentiate between LPN and RN hours. The staff posting did not indicate an RN scheduled in the building at any time. The DON stated it would be important for the staff posting to accurately represent the staff in the building so residents and visitors would be aware of staffing.</p> <p>During interview on 7/31/24 at 2:20 p.m., the DON stated she had spoken with the software company that the staff posting was printed from and there had been an error in report. The daily staff posting had been incorrect since the software had been utilized. The facility started to use the software on March 22, 2024.</p> <p>Facility policy Posting Direct Care Daily Staffing Numbers dated August 2022, included the number of licenses nurses and number of unlicensed nursing personnel responsible for direct care will be posted within two hours of the beginning of each shift. This posting would include the type (RN, LPN, CAN) and category (licensed or non-licensed) of nursing staff working.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49035</p> <p>Based on observation, interview, and record review facility failed to follow infection control protocol for 1 of 1 residents (R21) on contact precautions.</p> <p>Findings include:</p> <p>On 7/29/24 at 2:10 p.m., a sign was observed posted on R21's door that indicated the resident was on contact precautions. The sign had two stop signs, one in each of the upper corners of the sign, and bold upper-case wording Contact precautions everyone must. The sign included instructions to wash hands before entering and when leaving the room, put on gown and gloves before entering the room and remove before exiting the room. Gloves and gowns were in a hanging yellow container on the door next to the sign.</p> <p>A progress noted dated 7/29/24 included the resident was on contact precautions until further notice or update.</p> <p>On 7/31/24 at 8:00 a.m., housekeeper (H)-A was observed in R21's room adjusting a blanket on R21's bed. H-A was wearing only gloves, no gown. H-A swept the floor and exited the room, removing gloves upon exit.</p> <p>On 7/31/24 at 8:02 a.m., H-A stated R21 was only on precautions when she was having personal cares completed. H-A stated since she was only adjusting the blanket and cleaning, she did not have to wear a gown. H-A did confirm R21 had a sign on her door indicating the resident was on contact precautions and did confirm the sign included everyone should wear a gown and gloves.</p> <p>During interview on 7/31/24 at 8:11 a.m., unit manager registered nurse (RN)-A confirmed anyone who has direct contact with the resident or items in the resident's room, such as bedding, should wear a gown and gloves when a resident was on contact precautions. RN-A confirmed gown and gloves should be worn when adjusting a blanket or when providing housekeeping. RN-A confirmed R21 was currently on contact precautions for an unknown rash.</p> <p>During interview on 7/31/24 at 10:05 a.m., director of nursing (DON) stated she expected staff to follow contact precautions signage posted on the door. A gown and gloves were required for contact precautions. DON confirmed a gown and gloves should be worn when providing housekeeping services and when adjusting blankets on residents.</p> <p>Facility policy Isolation - Categories of Transmission-Based Precautions dated September 2022, included contact precautions were implemented for residents with known or suspected infections that could be transmitted with direct contact. Signage would be placed on the resident's door with instructions on the type of precautions. Staff and visitors were to wear a disposable gown when entering the room.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46941</b></p> <p>Based on interview and document review, the facility failed to ensure 4 of 5 residents (R21, R25, R28, R53) were offered and/or provided the pneumococcal vaccine series as recommended by the Centers for Disease Control (CDC) to help reduce the risk of associated infection(s).</p> <p>Findings include:</p> <p>A CDC Pneumococcal Vaccine Timing for Adults feature, dated 3/15/2023, identified various tables when each (or all) of the pneumococcal vaccinations should be obtained. This identified when an adult over [AGE] years old had received the complete series (i.e., PPSV23 and PCV13; see below) then the patient and provider may choose to administer Pneumococcal 20-valent Conjugate Vaccine (PCV20) for patients who had received Pneumococcal 13-valent Conjugate Vaccine (PCV13) at any age and Pneumococcal Polysaccharide Vaccine 23 (PPSV23) at or after [AGE] years old.</p> <p>R21's significant change minimum data set (MDS) dated [DATE], indicated hypertension (high blood pressure), peripheral vascular disease (poor blood vessel flow) malnutrition (poor nutrition), and respiratory failure (difficulty breathing). R21 had not received any pneumococcal immunization, and MDS had indicated it had been offered and declined.</p> <p>R25's quarterly minimum data set (MDS) dated [DATE], indicated heart failure (failing heart), hypertension (high blood pressure), and age-related physical debility (reduced physical ability). R25 had not received any pneumococcal immunization, and MDS had indicated it had been offered and declined.</p> <p>R28's quarterly minimum data set (MDS) dated [DATE], indicated coronary artery disease (heart and artery disease), cerebrovascular accident (stroke), Parkinson's disease (involuntary movement), and malnutrition (poor nutrition). R28 had not received any pneumococcal immunization, and MDS had indicated it had been offered and declined.</p> <p>R53's quarterly minimum data set (MDS) dated [DATE], indicated age-related physical debility (reduced physical ability), malnutrition (poor nutrition), and dementia (Poor memory). R53 had not received any pneumococcal immunization, and MDS had indicated it had been offered and declined.</p> <p>R21, R25, R28, and R53's Immunization record indicated that no pneumococcal immunization had been administered, offered, or refused.</p> <p>R21 and R25's Pneumococcal Vaccination Consent Declination indicated refusal and resident dated 7/31/24. Consent Form offered residents and representatives the PPSV23, PCV13, PCV15, and PCV20 immunizations.</p> <p>R28's Pneumococcal Vaccination Consent Declination indicated yes to receiving a pneumococcal vaccination and was dated 7/31/24. Consent Form offered residents and representatives the PPSV23, PCV13, PCV15, and PCV20 immunizations.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R53's Pneumococcal Vaccination Consent Declination indicated yes to receiving a pneumococcal vaccination and was dated 11/9/23. Consent Form offered residents and representatives the PPSV23, PCV13, PCV15, and PCV20 immunizations.</p> <p>During an interview on 7/31/24 at 3:57 p.m., director of nursing (DON) stated she is the infection preventionist and the records for R21, R25, R28, and R53 failed to indicate the PCV20 vaccinations had been administered. The DON stated the declinations were just preformed for those residents that day.</p> <p>During an interview on 8/1/24 at 9:16 a.m., DON stated a recent audit had been done for all facility residents, and that it had not been done until 7/31/24. DON stated the vaccinations should have been reviewed earlier and offered. The DON stated it was an issue and was reviewing the facility policy.</p> <p>A facility policy titled Pneumococcal Vaccine, was provided. Policy indicated: Residents will be offered the pneumococcal vaccination and administered, according to CDC recommendations. Facility policy failed to indicate the administration of the PVC15 and PVC20.</p>		