

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2026
NAME OF PROVIDER OR SUPPLIER  Benedictine Care Community		STREET ADDRESS, CITY, STATE, ZIP CODE  201 9th Street West Ada, MN 56510	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review the facility failed to ensure physician ordered medical supplies were available upon admission for 2 of 2 residents (R1, R2) reviewed who admitted to the facility with a catheter. In addition, the facility failed to obtain a physician's order prior to using an alternate catheter size. Findings include: R1's Resident Face Sheet indicated she admitted to the facility on [DATE]. R1's diagnosis included spinal cord injury, neuromuscular dysfunction of bladder and depression. R1's Physician Order Report dated 12/28/25 through 1/28/26, identified and order for catheter change every four weeks and as needed, dated 10/25/25. R1's care plan dated 9/23/25 identified a urinary catheter to manage obstructive uropathy. R1's Resident Progress Notes identified the following: -9/23/25, R1 requested a tub bath instead of a shower. No Foley catheter clamp available. Staff used tape to kink and clamp catheter. -9/25/25, When attempting to flush catheter, noted catheter was plugged. Spoke with director of nursing (DON) as did not have the correct catheter size. R1's catheter was a 20 French 10 cubic centimeters (cc) balloon in place. Catheter replaced with an 18 French 10 cc balloon. Informed R1 that a different sized catheter and R1 was okay with it. R2's Resident Face Sheet indicated she admitted to the facility 1/9/26. R2's diagnosis included urinary tract infection, urine retention and chronic kidney disease. R2's Physician Order Report dated 12/28/25 through 1/28/26, identified an order dated 1/9/26, for an indwelling catheter 14 French with a 5cc balloon, one time. R2's Resident Progress Note dated 1/15/26, indicated staff spoke with family about changing catheter and informed they did not have a 14 French catheter and had to replace with a 16 French 10 cc balloon. During interview on 1/22/26 at 12:25 p.m., registered nurse (RN)-A stated typically the person who entered the admission orders should check to ensure the supplies were available. RN-A said the DON was responsible for ordering supplies but said when she inputs an order, she goes to the supply room to verify if the catheter was in stock and alerts the DON if it was not. During interview on 1/22/26 at 12:40 p.m., The DON stated upon admission, the staff that does the admission puts the orders in. The DON stated she was responsible to ensure the correct catheter size was in stock. The DON said when R1 admitted to the facility they did not have the correct catheter size in stock. The DON said the decision was made to use a different size, adding she was not aware they did not have the correct catheter size for R2. The DON stated if a different size was utilized a physician order should have been obtained. The DON stated use of the incorrect catheter size could result in bladder spasms. Facility Policy Physician Services dated 2019, indicated all physician orders will be followed as prescribed and if not followed, the reason shall be recorded on the resident's medical record during that shift. Facility policy related to physician notification of change of orders was requested but not received.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  245502	Facility ID:  245502  If continuation sheet Page 1 of 1