

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  04/09/2025
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45844</b></p> <p>Based on observation, interview and document review, the facility failed to ensure nebulizer medications were administered safely for 1 of 1 resident (R19) who was observed to self administer a nebulizer and had not been assessed as safe to self administer medications.</p> <p>Findings include:</p> <p>R19's quarterly Minimum Data Set (MDS) dated [DATE], indicated R19 had severe cognitive impairment and had diagnosis which included Alzheimer's, diabetes mellitus (DM), and hypertension (elevated blood pressure). Indicated R19 required extensive assistance with bed mobility, transfers, toileting and personal hygiene.</p> <p>Review of R19's electronic health record (EHR) revealed a self administration of medications (SAM) assessment had not been completed and R19 did not have an order for self administration of medications.</p> <p>R19's Physician Order report dated 1/23/25, and signed 3/25/25, directed staff to administer Ipratropium-albuterol inhalation solution DuoNeb (medication used to relax the muscles in the airways and increase air flow to the lungs) four times daily (QID) and every six hours as needed for wheezing, and cough.</p> <p>R19's care plan dated 11/19/24, directed staff to administer all medications as ordered.</p> <p>During a continuous observation on 4/7/25 at 4:30 p.m., licensed practical nurse (LPN)-A poured nebulizer solution in a nebulizer mask, placed the neb mask on R19's face and walked out of the room back to the medication cart. At 4:32 p.m., R19 removed the nebulizer mask with the medication mist still coming from the mask from her face and placed it on her bed. R19 proceeded to grab her walker which was next to the bed, walked into the hallway and sat in a stationary chair. At 4:41 LPN-walked into R19's room, removed the neb mask from the bed and placed it on the neb machine.</p> <p>During an interview on 4/7/25 at 4:43 p.m., LPN-A verified she had placed the nebulizer treatment on R19 and exited the room. LPN-A stated she was unsure if a SAM assessment had been completed for R19. LPN-A stated she was unsure if R19 was safe to administer her own nebulizer or if staff were to stay with R19 while she did her nebulizer.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/7/25 at 4:49 p.m., registered nurse (RN)-A confirmed R19 did not have a SAM assessment for nebulizer treatments. RN-A stated her expectation was nursing staff would have stayed in the room with R19 while she received the nebulizer treatments to ensure R19 received the nebulizer treatment appropriately.</p> <p>During an interview on 4/9/25 at 12:15 p.m., director of nursing (DON) verified R19 did not have a SAM assessment. DON indicated if the resident did not have a SAM assessment or physician's orders, staff were expected to remain with the resident during the entire nebulizer administration.</p> <p>Review of a facility policy titled Self- Administration of Medications revised 8/31/23, identified nurses would assess each resident's mental and physical abilities to determine if self-administration of medications was clinically appropriate and safe. Identified if it was determined to not be safe for the resident to self-administer medications, the nurses would administer the medications.</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>45844</p> <p>Based on observation, interview, and document review, the facility failed to ensure grievance forms and procedures were posted in prominent locations throughout the facility for residents and resident representatives to file grievances, and anonymously if desired for 5 of 5 residents (R1, R25, R35, R36 and R37) reviewed for grievances. This deficient practice had the potential to affect all 39 residents residing in the facility.</p> <p>Findings include:</p> <p>On 4/8/25 at 11:00 p.m., a resident council meeting was held with five residents: R1, R25, R35, R36, and R37. During the resident council meeting, all five residents indicated they were unaware of how to file a grievance form.</p> <p>During an observation on 4/8/25 at 11:35 p.m., the surveyor could not locate grievance forms throughout the facility.</p> <p>During an interview on 4/8/25 at 11:43 a.m., social worker (SW) stated grievance forms were located behind the nurses' station. SW stated if a resident wanted to file a grievance, they would have to go to the staff to ask for a form.</p> <p>During an interview on 4/8/25 at 11:57 a.m., administrator confirmed the grievance forms were behind the nurses' station and was unable to locate grievances that were posted in prominent locations for the residents or resident representatives to file grievances anonymously.</p> <p>The facility posting titled Grievance Procedure, undated, identified if concern or suggestions, the facility encouraged them to notify the nurse in charge. If the matter could not be resolved by the charge nurse, they could contact the director of nursing, director of programs and operations, or the grievance officer, whose names, phone numbers and e-mails were listed. The procedure identified grievances may be filed orally or in written format.</p> <p>Review of a facility policy titled Concerns, Grievances revised 9/17/2019 identified residents and resident representatives were informed of rights and concern forms are available to residents/families. Identified concern forms were readily available for use by families and residents.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45844</b></p> <p>Based on observation, interview and document review, the facility failed to provide assistance with personal hygiene for 1 of 1 residents ( R12) reviewed for activities of daily living (ADL)'s.</p> <p>Findings include:</p> <p>R12's quarterly Minimum Data Set (MDS) dated [DATE], identified R12 had severe cognitive impairment and had diagnoses which included dementia, diabetes mellitus (DM), and hypertension (elevated blood pressure). Identified R12 required one person physical assist from staff with personal hygiene.</p> <p>R12's current care plan revised 3/26/25, indicated R7 had deficits with ADL's related to dementia. Indicated R12 required staff assistance with personal hygiene and had a goal to be clean and well groomed.</p> <p>R12's annual comprehensive Care Area Assessment (CAA) dated 5/25/24, identified R12 required assistance with ADL's. Identified R7 had an activity intolerance related to weakness, physical limitations and dementia.</p> <p>R12's care sheet undated, identified R12 required staff assistance with grooming.</p> <p>During an observation on 4/7/25 at 1:30 p.m., R12 was seated in a stationary chair in her room and had several half inch long gray facial hairs on her chin, above her upper lip, and around her mouth</p> <p>During an interview on 4/7/25 at 2:07 p.m., family member (FM)-A stated R12 preferred to be shaved when facial hair was visible.</p> <p>During an observation on 4/8/25 at 9:28 am., R12 seated in a stationary chair in her room and continued to have several half inch long gray facial hairs on her chin, above her upper lip, and around her mouth.</p> <p>During a joint interview on 4/8/25 at 9:36 a.m., nursing assistant (NA)-A and registered nurse (RN)-A verified R12 has several long gray facial hairs. NA-A stated R12 required staff assistance to shave facial hair. NA-A stated she had not assisted R12 with shaving recently and was unsure the last time R12 had been shaved. RN-A stated her expectation was that R12 would have been shaved as soon as facial hair was present.</p> <p>During an interview on 4/9/25 at 12:17 p.m., director of nursing (DON) indicated R12 required staff assistance with shaving. DON stated her expectation was R12 would have been shaved when facial hair was present.</p> <p>A Facility policy titled Activities of Daily Living (ADL's) dated 6/21, indicated residents unable to carry out ADL's independently would have received services necessary to maintain good personal hygiene in accordance with all resident care plans.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>45844</p> <p>Based on interview and document review, the facility failed to submit complete and accurate direct care staffing information, including information for agency and contracted staff, based on payroll and other verifiable and auditable data, during 1 of 1 quarters reviewed (Quarter 1), to the Centers for Medicare and Medicaid Services (CMS) according to specifications established by CMS. This deficient practice had the potential to affect all 39 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the Payroll Based Journal Report (PBJ) [NAME] Report 1705 D identified excessively low weekend staffing. Review of agency staff timecards from the first quarter verified agency staff were not punching in, therefore agency staff hours were not being submitted to CMS.</p> <p>During an interview on 4/8/25 at 2:41 p.m., corporate submitter (CS) verified she was the one that submitted the PBJ reports for the facility. CS stated she was unaware the facility was triggering for excessive low weekend staffing on the PBJ report. (CS) stated when the agency staff failed to punch in for their shift, they were not included in the PBJ submission that she submitted to CMS for the facility. CS stated the facility was responsible to ensure the agency staff were punching in for their shifts.</p> <p>During an interview on 4/8/25, at 4:58 p.m., administrator confirmed the above findings and verified agency staff had not been punching in for their shift during the first quarter. Administrator stated they would need to put a process into place to ensure that agency staff are punching in for their shift so that they are included in the PBJ submissions.</p> <p>Review of a facility policy titled Electronic Staffing Data Submission dated 2018, identified direct care -staffing information per day (including agency and contracted staff) was submitted to the CMS payroll-based journal (PBJ) system on the schedule specified by CMS, but no less than once per quarter.</p>		