Electronically Delivered

October 31, 2022

Administrator
Benedictine Senior Living
625 Central Avenue
Osseo, MN 55369

RE: Project Number(s) SL30687015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on September 28, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that

consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this evaluation:

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program = $500.00

The total amount you are assessed is $500. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:	Free from Maltreatment reconsideration requests should be addressed to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jess Gallmeier, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-247-0268 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL30687015-0 On September 26, 2022, through September 28, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 49 residents receiving services under the provider's Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 485 SS=F	144G.41 Subd 1. (13) (i) (A) and (C) Minimum Requirements	0 485		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 485	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) menus must be prepared at least one week in advance, and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; (C) the facility cannot require a resident to include and pay for meals in their contract; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed ensure at least three nutritious meals were served daily, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables,. This had the potential to affect all current residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when	0 485		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 485	Continued From page 2	0 485		

problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).

The findings include:

On September 26, 2022, at approximately 10:30 a.m., during entrance conference, licensed assisted living director (LALD)-C stated the licensee served three nutritious meals daily, according to the recommended dietary allowances by the United States Department of Agriculture (USDA) guidelines .

On September 26, 2022, at approximately 11:00 a.m., during facility tour, the surveyor observed a posted menu in the common board. The menu indicated licensee served three meals per day and fresh fruits and vegetables were available per meal.

On September 26, 2022, at approximately 12:10 p.m., and 12:40 p.m., the surveyor observed assisted living and memory care dining rooms during lunch, and noted residents did not get served seasonal fresh fruit and fresh vegetables.

On September 27, 2022, at approximately 7:50 a.m., in assisted living dining room, the surveyor observed residents eating breakfast. The residents' plates lacked fresh fruits and vegetables.

On September 27, 2022, at approximately 8:20 a.m., R16 stated several times in the past there were no fresh fruits and vegetables served with meals.

On September 27, 2022, at approximately 8:30 a.m., the surveyor observed eight residents in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 485	Continued From page 3 memory care dining room. The meal plates contained some or all the following items: pancakes, bacon, sausage, eggs, cream of wheat, and a type of toast. The meal plate lacked fruit or vegetables. On September 28, 2022, at approximately 8:30 a.m., in the memory care unit dining room, the surveyor observed residents get served their breakfast. The plates lacked fresh fruits and vegetables served. On September 28, 2022, at approximately 8:45 a.m., the surveyor observed 10 residents in the memory care dining area. The meal plates contained some or all the following items: hashbrowns, eggs, bacon, sausage, oatmeal, and a type of toast. The meal plate lacked fruit or vegetables. On September 28, 2022, at approximately 10:30 a.m., culinary director (CD)-E stated fruits and vegetables were available and were only served upon resident request. CD-E also stated on all tables residents were provided with a standing menu of available alternate meals served on request, but it lacked fresh fruits and vegetables. The licensee's undated Menu Standards policy indicated menus will meet the nutritional needs of residents in accordance with established nutritional guidelines. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 510	Continued From page 4	0 510		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to establish and maintain an effective infection control program to comply with acceptable health care, medical, and nursing standards for infection control. This deficient practice had the potential to affect all of the licensee's residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: BLOOD GLUCOSE On September 27, 2022, at approximately 7:40	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 510	Continued From page 5 a.m., in R3's room, unlicensed personnel (ULP)-B administered medications and prepared R3 for blood glucose check. On September 27, 2022, at approximately 7:45 a.m., ULP-B recorded blood glucose level as 260 milligrams per deciliter (mg/dl), then took the blood glucose lancet and disposed of it in a trash container. On September 27, 2022, at approximately 7:50 a.m., ULP-B stated lancets are put in the trash baskets then immediately the trash bags are removed for disposal. On September 27, 2022, at approximately 10:35 a.m., registered nurse (RN)-A acknowledged the observations and stated all blood glucose lancets are disposed in trash cans, but the licensee will provide sharp containers to all residents requiring blood glucose checks. DINING ROOM On September 28, 2022, at approximately 7:50 a.m., in the memory care unit dining room, the surveyor observed dirty dishes with some leftover food (bean stew and some greens) on the serving counter. On September 28, 2022, at approximately 7:55 a.m., ULP-H stated the dishes were from the previous night and ULPs will soak them in a water basin and send them to the kitchen for washing after breakfast. On September 28, 2022, at approximately 9:45 a.m., culinary director (CD)-E stated all leftover foods are disposed of immediately and all dirty dishes are sent to the kitchen for washing after each meal. CD-E further stated the ULP's were	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 510	Continued From page 6 probably caught up with work and forgot to send the dishes in time for washing. The licensee's undated Infection Control policy indicated after completing any task that results in contaminated material, such as wound change, contaminated material must be disposed properly. The policy lacked verbiage for disposing of sharps and cleaning used plates and utensils. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 510		
0 650 SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and	0 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 650	Continued From page 7 (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records included all required content for one of two employees (unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-B started employment with the licensee March 11, 2016, under the comprehensive license, and began providing assisted living services August 1, 2021. On September 27, 2022, at approximately 7:40 a.m., ULP-B administered medication and completed a blood glucose check for R3. ULP-B's employee record lacked required annual training to include the following topics:	0 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 650	Continued From page 8 - two hours of annual dementia training; and - review of provider's policies and procedures On September 28, 2022, at approximately 12:10 p.m., licensed assisted living director (LALD)-C acknowledged ULP-B's employee record lacked the required hours of training in every 12 months of employment. LALD-C stated ULP-B had completed the training, but the records had been misplaced. The licensee's undated Annual Training policy indicated staff will complete annual education to keep knowledge and skills current to provide quality care to residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 680	Continued From page 9 missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency disaster preparedness plan with all required content. This had the potential to affect the licensee's residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's emergency disaster preparedness plan lacked evidence of the following required content: - reviewed and updated annually; - emergency plan (EP) program patient population; - contact information for MN Office of Ombudsman for Long Term Care; and	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 680	Continued From page 10 - emergency prep testing requirements. On September 26, 2022, at approximately 12:58 p.m., licensed assisted living director (LALD)-C verified the EP lacked the content listed above. LALD-C stated the EP was reviewed annually however; the licensee lacked documentation of the review. In addition, LALD-C stated the next emergency preparedness drill would be completed in October 2022, and the licensee was unaware of the requirement for the emergency plan (EP) program patient population content. The licensee's Disaster Planning and Emergency Preparedness Plan dated 2021, indicated the EP would meet regulations outlined in Minnesota Statues sections 144G.42. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment of the facility in a continuous state of good repair and	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 800	Continued From page 11 operation. This has the potential to directly affect the health, safety, and well-being of all residents, visitors, and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On September 27, 2022, approximately between the hours of 11:00 a.m. to 12:50 p.m., survey staff toured the facility with the licensed assisted living director (LALD)-C. During the tour, the following findings were observed: -The 1-hour fire-rated laundry room doors on all three stories of the facility and the commercial kitchen door next to Room 105 were wedged in an open position comprising the safe means of egress. Survey staff explained to the LALD-C that all fire-rated doors must not be wedged in the open position and need to be in proper working order to maintain the integrity of the fire safety plan and doors must be able to close to protect against the spread of smoke and flames to the corridors for safe means of egress to protect the residents, staff, and visitors. -Carbon monoxide plug-in units were missing or removed from the power outlet in room 105, 117, and 306. -The ceiling in mechanical room had a 6-inch by 4-inch sheet rock carved out and needed to be repaired to maintain the fire rating of the room. been cut and furnace room -The furnace/sprinkler riser room had comprised sheetrock walls with openings.	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 800	Continued From page 12 On September 27, 2022, at approximately 2:25 p.m., the LALD-C acknowledged the above findings at the exit interview. The LALD-C stated that she will review the carbon monoxide detection requirment with the local fire department scheduled for October 10 (2022). No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 810	Continued From page 13 include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to provide the correct frequency of employee fire safety and evacuation drills. This has the potential to directly affect the safety of visitors, staff, and all residents receiving care. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On September 27, 2022, at approximately 1:00 p.m., survey staff reviewed the facility fire safety and evacuation plan and related documentation received from the licensed assisted living director (LALD)-C. Document review indicated the licensee failed to meet the minimum numbers of evacuation drills that must be performed by employees twice per year per shift, with at least one evacuation drill every other month. The record showed the only employee fire safety drill performed was dated June 14, 2021, at 10:15	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 810	Continued From page 14 a.m. without evacuation details. Survey staff explained to the LALD-C that evacuation drills are also required and may be performed along with fire drills, and be documented as such. September 27, 2022, at approximately 2:25 p.m., the LALD-C acknowledged the above findings during the exit interview and stated that that was the only fire drill record on file. No further information was provided. TIME PERIOD FOR CORRECTION: Fourteen (14) days	0 810		
0 940 SS=C	144G.50 Subd. 2 (e; 5-7) Contract information (5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 940	Continued From page 15 provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with all required content for four of four residents (R1, R2, R3, R4). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On September 26, 2022, at approximately 12:51 p.m., licensed assisted living director (LALD)-C provided the surveyor with a blank Assisted Living Residency Agreement and stated the Assisted Living Residency Agreement was used by the licensee for all residents.	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 940	Continued From page 16 R1 R1 admitted for services on March 7, 2016, under the comprehensive home care license and began receiving assisted living services on August 1, 2021. R1's Assisted Living Residency Agreement was signed August 20, 2021. R2 R2 admitted for assisted living services on May 26, 2022. R2's Assisted Living Residency Agreement was signed May 23, 2022. R3 R3 admitted for assisted living services on December 7, 2021. R3's Assisted Living Residency Agreement was signed December 3, 2021. R4 R4 admitted for services on March 2, 2021, under the comprehensive home care license and began receiving assisted living services on August 1, 2021. R4's Assisted Living Residency Agreement was signed July 28, 2021. R1, R2, R3, and R4's Assisted Living Residency Agreement lacked the following content: - whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; - a statement that medical assistance waivers	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 940	Continued From page 17 provide payment for services, but do not cover the cost of rent; and - a statement that residents may be eligible for assistance with rent through the housing support program. On September 28, 2022, at approximately 10:12 a.m., LALD-C the licensee had a limit on the number of people who could receive customized or participate in the housing support program. In addition, LALD-C stated the licensee was unaware that the contract must include the limit. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 940		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications;	01730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01730	Continued From page 18 (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based interview and record review, the licensee failed to develop an individualized medication management record with the required content for four of four residents (R1, R2, R3, R4). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).	01730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01730	Continued From page 19 The findings include: R1 R1 admitted for services on March 7, 2016, under the comprehensive home care license and began receiving assisted living services August 1, 2021. R1's Service Plan with Schedule dated September 16, 2021, indicated R1 was receiving the following services: assessments, housekeeping, medication management, and linen change R2 R2 admitted for assisted living services on May 26, 2022. R2's Service Plan with Scheduled signed May 26, 2022, indicated R2 received assistance with dressing, grooming, bathing, transfers, ambulation, toileting, oxygen management, laundry, medication management. R3 R3 admitted for assisted living services on December 7, 2021. R3's Service Plan with Schedule dated March 18, 2022, indicated R3 was receiving the following services: assessments, housekeeping, medication management, and linen change. R4 R4 admitted for services on March 2, 2021, under the comprehensive home care license and began receiving assisted living services on August 1, 2021. R4's Service Plan with Scheduled signed	01730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01730	Continued From page 20 September 26, 2022, indicated R4 received assistance with safety checks, and medication management. R1, R2, R3, and R4's individualized medication management plans lacked: - identification of medication management tasks that may be delegated to unlicensed personnel On September 28, 2022, at approximately 11:40 a.m., registered nurse (RN)-A acknowledged all resident individualized medication management plans would not have the identified missing content above. RN-A stated the licensee will update the records to reflect the requirements. The licensee's undated Medication, Treatment, and Therapy Administration- Licensed and Unlicensed Personnel policy indicated medications, treatments and therapies are administered to resident using standards of nursing practices. The policy also identified the tasks that may be delegated to ULP's. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01760	Continued From page 21	01760		

administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review, the licensee failed to ensure medications were administered per providers orders for one of five residents (R2).

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).

The findings include:

R2 admitted for assisted living services on May 26, 2022.

R2's diagnoses included chronic obstructive pulmonary disease, dizziness, constipation, hypoxemia (low blood oxygen).

R2's Service Plan with Scheduled signed May 26, 2022, indicated R2 received assistance with dressing, grooming, bathing, transfers, ambulation, toileting, oxygen management, laundry, medication management.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01760	Continued From page 22 R2's physician order signed September 22, 2022, included diclofenac sodium one percent (%) four grams (gm) to the right hip four times per day. On September 27, 2022, at approximately 10:03 a.m., the surveyor observed ULP-F place a small circular amount of diclofenac sodium 1% by the 4-gm area on the application ruler and then applied the diclofenac sodium 1% to R2's right hip. The surveyor inquired how diclofenac sodium 1% was measured. ULP-F showed the surveyor the application ruler and stated they placed the medication on the ruler by 4-gm. The surveyor explained to ULP-F how the application ruler measured the medication. ULP-F stated they were unaware that was how the medication was to be measured on the application ruler for administration. ULP-F than administered the remaining amount of diclofenac sodium 1% to R2. On September 27, 2022, at approximately 10:41a.m., the surveyor inquired how diclofenac sodium 1% 4-gm was prepared to be administered to residents. ULP-G stated "I would squeeze a small amount out on my gloves and administer or I would use a med cup and put a small amount in the bottom since it does not have the correct measurement. On September 27, 2022, at approximately 10:51 a.m., the surveyor inquired how staff were trained to administer diclofenac sodium. Registered nurse (RN)-A and RN-D stated staff were trained on administration of medication through Educare (a training software) and facility orientation. The licensee's Medication, Treatment, and Therapy Administration-Licensed and Unlicensed Personnel dated 2021, indicated medications,	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01760	Continued From page 23 treatment, or therapy will be administered as directed by the resident's providers order, the service plan, and the electronic medication administration record. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to store all medications in a securely locked location for one of four residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2 admitted for assisted living services on May 26, 2022. R2 resided in the memory care secured	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01880	Continued From page 24 unit. R2's diagnoses included chronic obstructive pulmonary disease, dizziness, constipation, hypoxemia (low blood oxygen). R2's Service Plan with Scheduled signed May 26, 2022, indicated R2 received assistance with dressing, grooming, bathing, transfers, ambulation, toileting, oxygen management, laundry, medication management. R2's Medication Management Assessment 3.2 dated September 8, 2022, indicated R2 medications were administered by staff and were "locked up by the nurse." On September 27, 2022, at approximately 8:14 a.m., the surveyor observed a bottle of Thera Tears and Vicks VapoRub on the side table next to R2's recliner. On September 27, 2022, at approximately 9:35 a.m., during a medication pass, unlicensed personnel (ULP)-F stated the Aspercreme for R2 was kept in the room. On September 27, 2022, at approximately 10:03 a.m., the surveyor observed Aspercreme in R2's sink in the bathroom. On September 27, 2022, at approximately 10:52 a.m., registered nurse (RN)-A and RN-D stated all medications were kept locked in medication cart with the exception if a resident had a self-administration order. In addition, RN-A stated if a medication was kept in a resident's room it would be reflected on the electronic medication administration record (EMAR).	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01880	Continued From page 25 The licensee's Storage of Medications dated 2021, indicated a RN must conduct a face-to-face nursing assessment of a clients [residents] need for medication management services, including the appropriate method to store the clients [residents] medications and whether secured storage is appropriate given the clients[residents] functional and cognitive status, concerns about the potential for drug diversion or other considerations. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information for five of 17 residents (R3, R7, R8, R12, R14) and failed to discard expired medication for one of 17 residents (R11). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 26	01890		

resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).

The findings include:

PRESCRIPTION LABEL
On September 27, 2022, at approximately 10:10 a.m., the surveyor observed the assisted living unit medication cart and observed the following unlabeled medications:
- R3 cold and flu severe acetaminophen 325 milligram (mg);
- R7 diclofenac sodium topical gel one percent (%);
- R8 melatonin three mg, complete multivitamin, and women's complete multivitamin; and
- R14 acetaminophen extra strength 500 mg.

On September 27, 2022, at approximately 10:25 a.m., registered nurse (RN)-A verified the unlabeled medications in the assisted living unit medication cart and stated the licensee would label all medications.

On September 27, 2022, at approximately 10:31 a.m., the surveyor observed the memory care unit medication cart and observed the following unlabeled medications:
- R12 Symbicort 160 micrograms(mcg)/4.5 mcg.

On September 27, 2022, at approximately 10:41 a.m., unlicensed personnel (ULP)-G verified the unlabeled Symbicort was R12's. ULP-G was unaware of why the Symbicort was not labeled. In addition, ULP-G stated a resident's name should be placed on all medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 27 On September 27, 2022, at approximately 10:53 a.m., RN-D stated all medications were labeled in the medication carts. EXPIRED MEDICATIONS On September 27, 2022, at 10:31 a.m., the surveyor observed the memory care unit medication cart and observed the following expired medications: - R11 Centrum Silver with an expiration date of July 2022. On September 27, 2022, at approximately 10:41 a.m., ULP-G verified R11's Centrum Silver was expired. ULP-G stated when a medication was expired, the ULP would give medication to the nurse to destroy. In addition, ULP-G stated R11 did not consume any of the expired medication because R11 had two bottles of Centrum Silver. On September 27, 2022, at approximately 10:52 a.m., RN-D stated nursing destroyed expired medication monthly. In addition, a ULP would place an expired medication in the lower drawer of medication cart until nurse destroyed medication. The licensee's Storage of Medications policy dated 2021, indicated an over-the-counter drug must be kept in the original labeled container from the pharmacy and manufacture. In addition, medication would be kept in its original container bearing the original prescription label with legible information. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01900 SS=D	144G.71 Subd. 21 Prohibitions No prescription drug supply for one resident may be used or saved for use by anyone other than the resident. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure a prescription medication for one resident was not being saved for use by another, other than the resident prescribed for one of one resident (R6). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R6's service plan dated September 6, 2022, indicated R6 received medication management services. R6's undated provider orders indicated ferrous sulphate 325 milligram (mg) was ordered on August 25, 2022, and R6 started taking the medication on August 27, 2022. R6's medication administration record dated between September 1, 2022, and September 27, 2022, indicated R6 received ferrous sulphate 325 mg tablets every morning at 7:00 a.m.	01900		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01900	Continued From page 29 On September 27, 2022, at approximately 10:30 a.m., the surveyor observed R6's medications and observed R6's ferrous sulphate tablets 325 mg was borrowed from another resident prescribed the same medication and the name of the other resident was crossed off several times using an ink pen. On September 27, 2022, at approximately 10:45 a.m., registered nurse (RN)-A acknowledged R6 was using another resident's ferrous sulphate 325 mg prescription. RN-A could not identify the other resident and how long this had been going on. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01900		
02090 SS=E	144G.82 Subdivision 1 General The licensee of an assisted living facility with dementia care is responsible for the care and housing of the persons with dementia and the provision of person-centered care that promotes each resident's dignity, independence, and comfort. This includes the supervision, training, and overall conduct of the staff. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain a dignified dining experience for three of ten residents (R9, R15, R17). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a	02090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02090	Continued From page 30	02090		

pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).

The findings include:

On September 27, 2022, at approximately 8:30 a.m., the surveyor observed a bowl of cream of wheat in front of eight residents. The surveyor observed seven of the eight residents independently eating as R9 slept at the dining room table.

On September 27, 2022, at approximately 8:41 a.m., the surveyor observed the main plate of food in front of seven residents including R9. The surveyor observed six residents independently eating, R9 was asleep at the dining table, and R17 had not received a meal.

On September 27, 2022, at approximately 8:47 a.m., the surveyor observed ULP-G assist R9 with eating. 17 minutes passed since R9 received cream of wheat and six minutes passed since R9 received a plate of food. The surveyor did not observe R9's food reheated by staff members. In addition, ULP-F stated the specialized food was not delivered to the memory care dining room for R17.

On September 27, 2022, at approximately 8:48 a.m., R17 stated they did not receive an entire breakfast meal.

On September 27, 2022, at approximately 8:51 a.m., the surveyor observed a modified diet plate of food placed in front of R17 ten minutes after all other resident in the dining room were served.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02090	Continued From page 31 On September 27, 2022, at approximately 9:09 a.m., ULP-F stated R9 required total assistance for eating. In addition, ULP-F stated they asked management for additional assistance in the memory care dining area due to care level. On September 27, 2022, at approximately 9:13 a.m., ULP-G stated R9 received total assistance for eating. The surveyor inquired how they serve meals in the memory care dining area. ULP-G stated they served meals by table and then provided assistance to those needing eating assistance after they completed serving meals and finished assisting residents with morning cares. On September 28, 2022, at approximately 8:45 a.m., the surveyor observed oatmeal in front of all residents in the dining room. On September 28, 2022, at approximately 9:03 a.m., the surveyor observed a plate of food in front of eight out of ten residents. R9 and R15 had not received a meal. The surveyor observed R9 awake at the table and R15 was asleep at the table. On September 28, 2022, at approximately 9:07 a.m., the surveyor observed a plate of food provided to R9 and assistance with eating being provided to R9 by ULP-H. On September 28, 2022, at approximately 9:10 a.m., ULP-F woke R15. The surveyor observed R15 start to consume the oatmeal. On September 28, 2022, at approximately 9:13 a.m., the surveyor observed a plate of food placed in front of R15 ten minutes after the dining	02090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02090	Continued From page 32 room had been served the main plate of food. On September 28, 2022, from 9:13 a.m. to 9:31 a.m., the surveyor observed R15 fall asleep over five times at the dining table and would consume food each time after being asked a question or when a loud sound was present in the area. The surveyor observed ULPs wake R15 twice throughout the dining service. Staff did not cue R15 to eat as needed. On September 28, 2022, at approximately 10:08 a.m., licensed assisted living director (LALD)-C stated meals were served like a restaurant and it was first come first serve, with the exception of serving one table at a time. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	02090		
02310 SS=D	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care standards, medical or nursing standards for one of one resident (R13) who utilized oxygen. This practice resulted in a level two violation (a	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02310	Continued From page 33	02310		

violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).

The findings include:

R13's diagnoses included the following: unspecified dementia, history of falling, type 2 diabetes mellitus, chronic obstructive pulmonary disease (COPD), and anxiety.

R13 service plan dated March 4, 2022, indicated R13 received the following services: assessment, cognition orientation, activities of daily living, transfer, diabetic management, medication administration, and laundry.

R13's hospital discharge summary dated March 14, 2022, indicated R13 was prescribed to use oxygen but lacked the parameters.

On September 28, 2022, at approximately 8:20 a.m., in R13's room the surveyor observed three compressed oxygen tanks by the window near the heating vent and two oxygen concentrators: one by the three oxygen tanks and one by the sink in the living area of the apartment. One of the three compressed oxygen tanks was standing on the floor without a stand and there was oxygen tubing running across the room to the resident sleeping area.

On September 28, 2022, at approximately 10:10 a.m., the registered nurse acknowledged the unsecured compressed oxygen tank and stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30687	A. BUILDING: _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE SENIOR LIVING	625 CENTRAL AVENUE OSSEO, MN 55369

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02310	Continued From page 34 the licensee will request the oxygen vendor to remove the tanks and concentrators that are not in use. The licensee's undated Safe Oxygen Use and Storage policy indicated the nurse will ensure the resident has an appropriate storage cart or stand for oxygen cylinder or oxygen concentrator and will educate the resident, resident's family, and resident's representative about safe use and storage of oxygen. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

Minnesota Department of Health

625 North Robert Street
Saint Paul, MN
651-201-5000

Type: Full
Date: *09/26/22*
Time: 09:00:00
Report: 8087221207

Food and Beverage Establishment Inspection Report

Location:

Benedictine Senior Living
625 Central Avenue
Osseo, MN55369
Hennepin County, 27

Establishment Info:

ID #: 0039188
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7633910749
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Max Utensil Surface Temp: = -- at 163 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Rinse Temperature Gauge: = -- at 174 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Max Utensil Surface Temp: = -- at 164 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Lactic Acid: = 272 at -- Degrees Fahrenheit
Location: WALL DISPENSING UNIT
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Ambient Air
Temperature: 39 Degrees Fahrenheit - Location: STAND-UP COOLER - STORAGE ROOM
Violation Issued: No

Process/Item: Cold Holding: WHIP CREAM
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP COOLER - STORAGE ROOM
Violation Issued: No

Process/Item: Cold Holding: CHEESE
Temperature: 41 Degrees Fahrenheit - Location: STAND-UP COOLER - STORAGE ROOM
Violation Issued: No

Process/Item: Cold Holding: MILK
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP COOLER - STORAGE ROOM
Violation Issued: No

Process/Item: Ambient Air
Temperature: -3 Degrees Fahrenheit - Location: STAND-UP FREEZER - LEFT
Violation Issued: No

Process/Item: Ambient Air
Temperature: -5 Degrees Fahrenheit - Location: STAND-UP FREEZER - RIGHT
Violation Issued: No

Process/Item: Ambient Air
Temperature: 35 Degrees Fahrenheit - Location: STAND-UP COOLER - KITCHEN
Violation Issued: No

Process/Item: Cold Holding: CHEESE
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP COOLER - KITCHEN
Violation Issued: No

Process/Item: Cold Holding: YOGURT
Temperature: 39 Degrees Fahrenheit - Location: STAND-UP COOLER - KITCHEN
Violation Issued: No

Process/Item: Cold Holding: CHEESE
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP COOLER - KITCHEN
Violation Issued: No

Process/Item: Cold Holding: MILK
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP COOLER - KITCHEN
Violation Issued: No

Process/Item: Cold Holding: CHICKEN
Temperature: 39 Degrees Fahrenheit - Location: STAND-UP COOLER - KITCHEN
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	0	0

THIS WAS AN UNANNOUNCED AND UNSCHEDULED FULL INSPECTION.

INSPECTION DONE WITH HEAD CHEF JOHN HAWKINSON.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

HAND WASHING
NOROVIRUS
BARE HAND CONTACT WITH READY TO EAT FOODS
EMPLOYEE ILLNESS
EMPLOYEE EXCLUSION
COOLING METHODS
REHEATING METHODS
SANITIZER CONCENTRATION

Food and Beverage Establishment Inspection Report

DATE MARKING
ALL ITEMS ON THIS REPORT
ALL ITEMS ON PREVIOUS REPORT

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

INSPECTION REPORT EMAILED TO BENARD NYANGENA (HRD SURVEY STAFF SUPERVISOR).

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 8087221207 of 09/26/22.

Certified Food Protection Manager: KENDRA J. BOERST

Certification Number: FM112191 Expires: 02/15/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
JOHN HAWKINSON
HEAD CHEF

Signed: _____
John Boettcher
Public Health Sanitarian 3
St. Paul, MN / Freeman
651-201-5076
john.boettcher@state.mn.us