

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2020
NAME OF PROVIDER OF SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAPOLIS		STREET ADDRESS, CITY, STATE, ZIP 618 EAST 17TH STREET MINNEAPOLIS, MN 55404	
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)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and document review, the facility failed to notify the family of a change in condition that resulted in an emergency transfer to the hospital for 1 of 3 residents (R1) reviewed for emergency transfer from the facility Findings include: A nursing note, dated [DATE], indicated at 2:50 a.m. R1 was found coughing and having difficult clearing secretions. The cap to R1's tracheotomy was removed and R1 was able to cough out secretions which included blood and a blood clot. Coughing ceased and R1's vitals were checked. R1 was breathing normally with normal blood oxygen. A nursing note, dated [DATE], at 3:38 a.m., indicated, at 12:20 a.m., R1 was having increased cough, was suctioned and had whitish blood tinged secretions and was given a breathing treatment. R1's vitals were checked with a temperature of 99.5 degrees Fahrenheit. R1 was checked again at 2:45 a.m. and threw up a bit of blood tinged tube feeding. Vitals were checked again and R1's temperature was 98.9 degrees Fahrenheit. The on call medical provider was notified and at 3:14 a.m. ordered a chest X-ray and blood work for R1. The nursing notes lacked documentation the family emergency contact had been notified of R1's condition. A nursing note dated [DATE], at 5:08 a.m., indicated R1 was checked at 4:30 a.m. when an alarm was sounding indicating R1 was having trouble breathing. R1 was found unresponsive and staff initiated cardio [MEDICAL CONDITION] resuscitation (CPR) and called 911. The nursing notes lacked documentation the family emergency contact had been notified of R1's transfer to the hospital. A nursing note dated [DATE], at 5:49 a.m., indicated the hospital called to report R1 had died and the hospital had notified R1's family. The next entry in the medical record, dated [DATE], at 12:55 p.m. indicated social services had attempted to contact family to discuss removal of R1's belongings. Registered nurse (RN)-A, was interviewed on [DATE], at 1:26 p.m. RN-A explained, R1 had a history of [REDACTED]. RNA-A verified it was the policy to contact the family, but may have been missed due to how quickly R1 declined. Family Member (FM)-A was interviewed on [DATE], at 2:00 p.m. FM-A was listed as the emergency contact for R1. FM-A verified the first notification about R1 came from the hospital who informed them R1 has passed. FM-A stated no calls were received from the facility when R1 was sent to the hospital. FM-A said the facility called sometime after R1's death to make arrangements for R1's personal belongings. The policy, Change in Condition, dated [DATE], directed staff to observe residents for significant changes in condition. If a resident's condition did change nursing staff were to get vital signs, open an event in the electronic medical record and document assessment findings, and notify the attending physician, the interdisciplinary team and the resident or the resident representative. A notification of change was defined as immediately informing the resident and consulting with the resident representative when there is a significant change in the resident's physical, mental or psychosocial status, or there is the need to alter treatment significantly.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.