

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245018	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Crest View Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 4444 Reservoir Boulevard Northeast Columbia Heights, MN 55421	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47083</p> <p>Based on observation, interview and document review, the facility failed to follow the care plan for 1 of 3 residents (R1) reviewed for abuse, when R1 was transferred and personal cares were provided by one staff when the care plan directed two female staff for all cares and transfers.</p> <p>Findings include:</p> <p>R1's annual Minimum Data Set (MDS) dated [DATE] indicated she had diagnoses of anxiety, depression, psychotic disorder, and history of falls. The MDS also indicated R1 had moderate cognitive impairment, and was dependent on staff for transfers.</p> <p>R1's care plan dated 5/21/24 directed two female staff only present during cares and two staff to assist with transfers. The care plan noted a history of past trauma.</p> <p>R1's fall risk assessment dated [DATE] indicated R1 had a high fall risk. Her fall risk assessment indicated she had a balance problem while walking.</p> <p>R1's progress note dated 2/15/24 indicated R1 had a fall on 2/15/24.</p> <p>R1's progress note dated 5/15/24 indicated she alleged a staff member had sexually assaulted her.</p> <p>On 5/22/24 at 1:05 p.m., nursing assistant (NA)-A was observed transferring R1 from her wheelchair to her bed without the assistance of another staff person. NA-A removed R1's pants, and completed peri care without the assistance of another staff person. NA-A stated she was aware R1 required only female staff for cares. NA-A showed a current Kardex (a brief overview of the resident's care plan) located in R1's room on the closet door. She read the Kardex aloud, which directed two female staff for all cares, and two staff for all transfers.</p> <p>On 5/22/24 at 1:29 p.m., licensed practical nurse (LPN)-A stated R1 required two female staff with all cares and transfers at all times.</p> <p>On 5/22/24 at 2:32 p.m., the director of nursing (DON) stated two females were required for transfers and personal cares for R1. The intervention of two female staff was implemented on her care plan since R1 returned from the hospital on 5/19/24, following her allegation of sexual assault.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Activities of Daily Living (ADL) Policy and Procedure dated 11/23 directed the residents' Kardex are located in residents rooms and provide information regarding resident's plan of care and care plan/Kardex must be followed. The policy also directed interventions to improve and/or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice.</p>		