

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  10/30/2024
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49338</p> <p>Based on observation, interview, and document review, the facility failed to implement the comprehensive care plan for 2 of 3 residents (R1, R2) reviewed for pressure ulcer prevention.</p> <p>Findings include:</p> <p>Pressure Ulcer Definitions:</p> <p>Pressure Ulcer/Injury: is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. A pressure injury will present as intact skin and may be painful. The appearance will vary depending on the stage and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear.</p> <p>Unstageable pressure ulcer: Full thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough or eschar. If the slough or eschar is removed, a stage 3 or 4 pressure ulcer will be revealed.</p> <p>Deep tissue injury: Purple or maroon area of discolored intact skin due to damage of underlying soft tissue.</p> <p>R1's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified R1 had diagnoses including adult failure to thrive and acquired absence of left leg below knee. R1 had moderate cognitive impairment, was frequently incontinent of bowel and bladder, and used a wheelchair. R1 required substantial assistance with transfers and wheelchair mobility and was dependent on staff for toileting hygiene. R1 was identified as at risk of developing pressure ulcers or injuries and did not have any current unhealed pressure ulcers or injuries.</p> <p>R1's care plan for skin dated 6/3/24, noted R1 had a potential alteration in skin integrity related to cognitive impairment, decreased mobility, and incontinence. Interventions dated 6/3/24 included gel, foam, or ROHO (brand of inflatable seat cushion) cushion in wheelchair.</p> <p>R1's Care Area Assessment (CAA) Worksheet dated 6/12/24, identified R1 had a potential risk for pressure ulcer/injury related to incontinence and limited mobility. Staff were to monitor for changes in skin and use pressure relieving devices in bed and wheelchair.</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
---	-------	-----------

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  10/30/2024
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>R1's care plan for pressure ulcers dated 6/13/24, noted R1 was at risk for pressure ulcers related to incontinence and limited mobility due to left lower extremity amputation. Interventions included pressure reducing cushion in wheelchair to protect the skin while up in the chair.</p> <p>R1's Braden Scale for Predicting Pressure Sore Risk Original dated 8/31/24, noted R1 had a score of 14 indicating she was at a moderate risk level.</p> <p>During an observation and interview on 10/28/24 at 2:47 p.m., nursing assistant (NA)-A confirmed the wheelchair present in R1's room belonged to R1 and did not have any type of pad or cushion present. NA-A stated, she doesn't have a gel pad or foam pad in her chair.</p> <p>During an interview on 10/29/24 at 12:16 p.m., R1 stated she used to have a cushion for her wheelchair but did not anymore. She stated that while at the facility she had never had one here.</p> <p>During an observation and interview on 10/29/24 at 12:38 p.m., licensed practical nurse (LPN)-A confirmed R1's care plan said she should have a ROHO, gel, or foam cushion for her wheelchair. LPN-A confirmed there was no pad present in R1's wheelchair and stated she didn't remember if R1 had ever had one. LPN-A stated R1's care plan was not being followed.</p> <p>In an interview on 10/30/24 at 11:45 a.m., the director of nursing (DON) confirmed R1 was at risk for developing an alteration in skin integrity, had an intervention directing staff to place a cushion in her wheelchair, and stated she would expect to see a cushion in R1's wheelchair. The DON further noted she would expect to see the interventions on a resident's care plan in place and noted interventions reflect the individual care needs of residents.</p> <p>R2's quarterly MDS dated [DATE], indicated R2 had diagnoses including mild cognitive impairment and personal history of diseases of the skin. R2 was frequently incontinent of bowel and bladder and used a wheelchair. R2 required substantial assistance with bed mobility, and moderate assistance with wheelchair mobility and transfers. R2 was identified as at risk of developing pressure ulcers or injuries and did not have any current unhealed pressure ulcers or injuries.</p> <p>R2's CAA worksheet dated 6/5/24, identified R2 had a potential risk for pressure ulcer/injury related to incontinence and limited mobility. Staff were to monitor for changes in skin and use pressure relieving devices in bed and wheelchair, and ointment as ordered.</p> <p>R2's podiatrist visit note dated 6/7/24, noted R2 had a history of left third toe ulcer, bunion deformity, edema, long-term anticoagulant use, atherosclerosis of the extremities, and hammertoes.</p> <p>R2's care plan for skin with revision date 9/25/23, noted R2 had a potential alteration in skin integrity related to a history of wounds and risk related to anticoagulant use and incontinence. The care plan further noted R2 had a history of wounds including unstageable pressure wound to proximal (near end) of third left toe, unstageable deep tissue injury to distal (far end) of left third toe, and right third toe wound that were all resolved in 2022. An intervention dated 2/18/22, noted R2 preferred to wear her Skechers brand slip-on shoes and directed staff to please make sure there is a dressing on third toe if wearing these shoes. An additional intervention dated 3/9/2022, directed staff to place lamb's wool to left great toe and third toe.</p> <p>(continued on next page)</p>		

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  10/30/2024
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>During an interview on 10/29/24 at 8:58 a.m., R2 stated she had hammer toes and a podiatrist who checked them every so often. She stated staff do not put anything around her toes and do not ask her if she wants wool put around her toes.</p> <p>During an observation and interview on 10/29/24 at 9:23 a.m., registered nurse (RN)-A stated she knew how to take care of someone's skin based on assessments and orders for treatments and there was information for nursing assistants located on the Kardex (document listing resident's care plan) on the back of the door in resident rooms. RN-A removed R2's compression stockings, socks, and slip-on Skechers shoes and confirmed there was no lamb's wool or dressing present on R2's toes. RN-A confirmed the Kardex and R2's care plan directed staff to place lamb's wool to R2's left great toe and third toe and to make sure it is on if R2 was wearing Skechers. RN-A states she did not see any of that present on R2's foot and as per what we saw R2 was not being taken care of per what the care plan directed. RN-A noted R2 was at risk of developing pressure ulcers, had a history of pressure wounds, and the interventions on her care plan should be followed. RN-A noted there were no corresponding treatment orders.</p> <p>During an interview on 10/29/24 at 9:46 a.m., NA-B stated NAs knew what care someone needed based on the care plan (Kardex) located behind a resident's door. NA-B noted she was familiar with R2, was not aware of R2 having any history of wounds, and never put cotton or wool around her toes because that would be the nurses.</p> <p>During an interview on 10/30/24 at 11:45 a.m., the DON confirmed R2 had a history of pressure wounds on her toes and a potential for alteration in skin integrity. The DON confirmed R2's care plan directed staff to place wool around her left great and third toe and to please make sure there was a dressing on the third toe if she was wearing her Skechers shoes. The DON stated she would expect to see those interventions in place and if it was not done it placed R2 at risk of developing a new skin issue.</p> <p>Facility policy titled Skin and Pressure Ulcer, dated 6/22, included a procedure for Identification of Residents at Risk for Skin Breakdown directing staff to identify clinical conditions that are risk factors, implement prevention protocols, and develop care plan. The procedure for Prevention of Skin Breakdown directed staff bony prominences susceptible to pressure will be protected . place on a pressure reduction or pressure relief surface in bed and wheelchair . provide padding for cases, braces, splints, oxygen tubing, shoes, etc. as needed to prevent friction . implement skin and wound care protocols . Start appropriate care plan for treatment of prevention of skin issues.</p> <p>Facility policy titled Care Plan Policy and Procedure dated 6/6/24, noted A comprehensive, person-centered care plan should be completed . the care plan will ensure the resident is receiving the appropriate care required to maintain or attain the resident's highest level of practicable function possible, as well as accommodation of preferences . All Kardex's are reflective of care plan and are updated in real-time by the Interdisciplinary Team and/or Nurse Supervisors . The residents Kardex is located in resident rooms and provides information regarding resident's plan of care and care plan/Kardex must be followed at all times.</p>		

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  10/30/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49338</p> <p>Based on observation, interview, and document review, the facility failed to ensure individualized activities were provided for 1 of 1 resident (R1) reviewed for activities.</p> <p>R1's admission Minimum Data Set (MDS) assessment dated [DATE], indicated R1 admitted to the facility on [DATE], understood others and made herself understood., had moderate cognitive impairment, sometimes felt socially isolated, and did not exhibit behaviors. R1's Interview for Activity Preferences identified it was somewhat important to her to do her favorite activities, go outside to get fresh air when the weather was good, participate in religious services or practices, and listen to music she liked.</p> <p>R1's LE [Life Enrichment] Initial and Annual Assessment V2 dated 6/3/24, identified R1 had no preference about interaction (one-to-one, small group, large group, or self) and no preference about setting (own room, day room, off-unit, or outside facility). R2's interests were identified as games/cards/puzzles with note cards, some board games, arts/crafts with note lots of different crafts, sports with note some but has no favorite, music with note all, reading/writing with note has an interest in audio books, spiritual with note Christian, community outings/travel, outdoors, television, and movies. Goals were identified as her goal is to familiarize herself with the facility, staff, and residents, and to [sic] attend activities of her choice, as tolerated, and to express satisfaction of how her leisure time is spent.</p> <p>R1's activities care plan dated 6/4/24, noted R1 was independent in making activity choices and how leisure time is spent with a goal to continue to participate in activities of choice as tolerated to maintain socialization and independence. Interventions dated 6/4/24 included: provide invite to activities of interest as needed, provide monthly activity calendar, and will monitor resident's progress on an ongoing basis.</p> <p>R1's life enrichment progress note dated 6/4/24, identified R1 had goals of attending activities of her choosing and expressing satisfaction with how her leisure time is spent. Life enrichment would continue to monitor her progress for the next 90 days.</p> <p>R1's life enrichment progress note dated 8/30/24, identified it was a quarterly assessment. R1 had the goal of participating in activities of her choice in order to maintain her socialization and independence and had met this goal and would carry on. R1 hadn't attended activities with life enrichment but had accepted one-to-one visits and was friendly during them. There were no concerns and life enrichment would continue to encourage R1's participation in activities and monitor her progress.</p> <p>R1's progress note dated 9/5/24, indicated a care conference had been conducted and noted R1 liked crocheting and the nurse would follow up with the activity team.</p> <p>R1's activities attendance calendar form for June 2024, indicated R1's unit was on lockdown from 6/20/24 to 6/30/24 and one one-to-one visit was completed on 6/17/24. No refusals were noted. No one-to-one visits were completed the week of 6/2/24, 6/9/24, or 6/23/24.</p> <p>(continued on next page)</p>		

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  10/30/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's activities attendance calendar form for July 2024, indicated refusals of activities on three days. There were no one-to-one visits noted.</p> <p>R1's activities attendance calendar form for August 2024, indicated refusals of activities on seven days, R1 was asleep or in bed on five days, and one-to-one visits completed on four days. No one-to-one visits were completed the week of 7/28/24 to 8/3/24 or the week of 8/25/24.</p> <p>R1's activities attendance calendar form for September 2024, indicated refusals of activities on 12 days, R1 was asleep or in bed on two days, and one-to-one visits completed on three days. No one-to-one visits were completed the week of 9/22/24.</p> <p>R1's activities attendance calendar form for October 2024, indicated refusals or activities on four days, R1 was asleep or in bed on two days, and one-to-one visits completed on three days for a total of 11 one-to-one visits since her admission on 6/1/24. No one-to-one visits were completed the week of 9/29/24 to 10/5/24 or the week of 10/20/24.</p> <p>During an interview on 10/28/24 at 1:23 p.m., county social worker (CSW) reported she had visited R1 on 10/16/24 to complete an assessment. CSW noted that R1 reported she used to have a large collection of DVDs and yarn and noted she was a crocheter.</p> <p>During an interview on 10/29/24 at 3:09 p.m., R1 was sitting in bed in her room. R1 noted she would ask to go to activities if she had clothes she felt comfortable in and was dressed properly but she did not want to go out of her room in the clothes she had. R1 stated that in her room she had a deck of cards and played a lot of solitaire.</p> <p>During an interview on 10/30/24 at 8:28 a.m., with life enrichment aide (LEA)-A and LEA-B, LEA-A stated activities staff did an assessment on admission determine a resident's interests and preferences. LEA-A noted they completed 90-day reviews and also completed the activities related questions on the MDS assessments. LEA-A noted R1's activities assessment indicated her interests included card games, board games, sports, music, and lots of different crafts. LEA-A stated R1 would decline when invited to group activities. LEA-A did not recall offering related activities to R1 as one-to-one visits and most of the time one-to-one visits were just what comes up in the moment in the interaction. LEA-A was not able to identify how R1's preferences were assessed for one-to-one visits given that she was known to not attend group activities or how individualized activities were being offered to R1.</p> <p>(continued on next page)</p>		

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  10/30/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/30/24 at 8:28 a.m., with life enrichment aide (LEA)-A and LEA-B, LEA-B stated activities staff tried to include activities a resident likes and things they like doing independently on their care plans. LEA-B noted care plans were updated as staff got to know residents better. LEA-B stated R1 had not participated in activities and R1 had said a couple of times this was because she didn't have any clothes. LEA-B stated R1 had continued to not be interested in attending group activities. LEA-B noted that for one-to-one activities with R1 we typically just chat and R1 liked television so we will kind of talk about what she has watched lately. If she caught R1 while she was eating, she would ask her if her lunch is good, how was breakfast this morning, stuff like that. LEA-B was unable to identify how this was individualized and meaningful for R1. LEA-B did not identify offering the individualized activities of interest identified on R1's LE Initial and Annual Assessment V2 during one-to-one visits. LEA-B confirmed talking about television doesn't sound like an individualized activity. LEA-B noted R1 had expressed interest previously in bingo and arts and crafts like painting but R1 hadn't been interested in attending related group activities and LEA-B didn't know how something like painting could be offered in a one-to-one visit. LEA-B stated I don't know how we have comprehensively assessed what she [R1] wants to do in a one-to-one.</p> <p>During an interview on 10/30/24 at 9:06 a.m., the director of life enrichment (DLE) stated for residents who do not attend group activities, she expected staff to look at assessments and kind of see what that resident is interested in and how we can curate that into something independent for them if they aren't interested in coming to group activities. The DLE stated one-to-one visits should be individualized and she would expect staff to offer things related to a resident's identified interests. The DLE stated she would expect care plans to reflect a resident's activities of interest including what was identified in assessments and what independent activities a resident enjoyed doing in their room. The DLE confirmed R1's activities care plan was not individualized and did not include her specific interests or what activities she might like. The DLE noted R1 had refused group activities but we have games we could bring and crafts we could bring to her during one-to-one visits. The DLE would not consider talking about television to be the most individualized one-to-one visit and if R1 enjoyed talking about television something more resident specific should be offered to her in addition. The DLE would expect R1's quarterly assessment to have been more specific as to what was being completed with her individually, what staff were doing during one-to-one visits, what R1's specific interests were, and what activities R1 might be interested in that staff could encourage her to attend. The DLE confirmed there was no analysis of why R1 was not attending group activities, staff were aware R1 was not comfortable attending group activities with her current clothing, and the whole situation doesn't meet my expectation. The DLE confirmed documentation did not identify what staff were doing during one-to-one visits with R1 and could not demonstrate how these visits were individualized and meaningful to R1's interests and preferences.</p> <p>During an interview on 10/30/24 at 9:32 a.m., R1 was sitting in bed in her room and stated, I may have said no when they've invited me to activities because I didn't have proper clothing . evidently they have asked me if I wanted to go to activities, but I can't verify that. R1 stated no one had ever offered to do crafts with her in her room and I love to crochet, but it has never been offered. R1 stated no one had ever offered her audio books and no one has ever offered to play card games or board games with me, no one has ever talked about it, I play solitaire here in bed by myself. R1 further stated, They haven't offered me activities I find meaningful. I would like cards or crochet, I like crafts . I have had nothing offered . they're not offering me activities that meet my preferences. R1 pointed out two plastic butterflies embroidered with yarn she had at the foot of her bed stating, Did I show you what I made? I made them [two butterflies] with what they call plastic canvas, I made these a long time ago prior to admitting to the facility.</p> <p>(continued on next page)</p>		

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  10/30/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/30/24 at 11:45 a.m., the director of nursing (DON) stated she would expect activity care plans to be individualized to residents and identify what activities they enjoy. The DON confirmed R1's care plan did not identify what activities she enjoys and would expect it to have been further developed based on comprehensive assessment. The DON noted she would expect activities of choice to be offered to residents that meet their interests and preferences.</p> <p>Facility policy titled Life Enrichment Programs dated 6/2023, included The facility shall provide for ongoing life enrichment programs designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being on each resident . A variety of activities shall be offered based on the comprehensive assessment, care plan, and resident input. They will be designed to meet each individual's interests, choices, needs, previous lifestyles, and daily schedules . All residents shall participate in the facility Life Enrichment program or be seen on an individual basis at least 1x per week, unless determined otherwise by the Life Enrichment Assessment and Care Plan.</p> <p>Facility policy titled Accommodation of Needs, undated, included For any resident(s) refusing to participate in the Life Enrichment Program, as identified in the Comprehensive Care Plan, the Life Enrichment staff will attempt to determine the resident's basis for refusal. Adjustments will be made to the extent possible, to meet the resident's needs.</p> <p>Facility policy titled Independent, Self-Directed Activities, undated, included Independent activities shall be encouraged for residents who choose not the leave their rooms, choose not to attend group programs, or are self-motivated concerning their recreational interests . Adequate lighting, and appropriate supplies and equipment will be provided to maximize resident independent, success, and accomplishment. Life Enrichment staff will make a list of those residents requiring assistance with independent, self-directed activities (books from library, set up card table for card club, etc.). Life Enrichment staff and volunteers will offer to supply craft items, books, puzzles, etc., to these residents . Weekly contact shall be made by the Life Enrichment staff or a volunteer if a resident consistently declines/desires not to attend any group activities/programs. The purpose of this contact is to maintain open lines of communication with the resident, and to ensure that the resident's leisure needs are being met.</p>		

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  10/30/2024
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 0745</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49338</p> <p>Based on observation, interview, and document review, the facility failed to provide medically related social services of clothing and shoes for 1 of 1 resident (R1) reviewed for clothing. This resulted in harm when R2 displayed a lack of engagement in social activities and diminished level of participation in social interactions because she felt unable to leave her room due to a lack of proper and adequate clothing and shoes.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) assessment dated [DATE], indicated R1 admitted to the facility on [DATE] and had diagnoses including anxiety disorder, depression, alcohol dependence, and acquired absence of left leg below knee. R1 understood others and was able to make herself understood, had mild cognitive impairment, and utilized a wheelchair and limb prosthesis. The MDS identified, it was somewhat important to R1 to choose what clothes to wear, to do her favorite activities, and to go outside to get fresh air when the weather is good. R1's social isolation score was 2, indicating she sometimes felt lonely or isolated from those around her.</p> <p>R1's quarterly MDS dated [DATE], indicated R1 was 48 inches (four feet) tall and weighed 90 pounds. R1's social isolation score was 2, indicating she sometimes felt lonely or isolated from those around her.</p> <p>R1's Social History and Social Service assessment dated [DATE], indicated R2 was historically overall self sufficient and able to manage on her own. R2's physical and functional status was has a left prosthesis at a very young age and right foot is deformed, walked with crutches and has a w/c [wheelchair]. Barriers to discharge were safe to return, needing to get a new wheelchair. The assessment did not identify that R2 lacked clothing and shoes.</p> <p>R1's PHQ-9 Long-Term Care assessment (a diagnostic assessment tool for depression) dated 6/3/24, identified R1 felt down, depressed, or hopeless on two to six days of the 14 day assessment period.</p> <p>R1's life enrichment progress note dated 6/4/24, noted R1 was alert and oriented times three. life enrichment aide (LEA)-A noted R1 had a wheelchair, walker, and she is an amputee, and does have a prosthetic device, but states she has no shoes for her foot. Life enrichment will continue to monitor her progress for the next 90 days.</p> <p>R1's electronic health record (EHR) contained a physician order dated 6/4/24, for R1 to be evaluated and treated by a psychology clinic.</p> <p>R1's progress note dated 6/12/24, indicated a care conference was conducted with R1, therapy staff, nurse supervisor, and a social worker. The note identified R1 had limited finances but did not include any information regarding R1's previously stated need for shoes identified in progress note dated 6/4/24.</p> <p>(continued on next page)</p>		

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  10/30/2024
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 0745</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R1's progress note dated 6/20/24, indicated social services spoke with the manager of the apartment where R1 resided prior to admission who would hold R1's apartment and belongings for thirty days before cleaning it out. Social work was to follow up with resident and speak about vacating the apartment.</p> <p>R1's psychology provider note dated 6/26/24, indicated R1's mood was depressed and anxious. The note included a Clinician's Rating of Severity, a scale to assess the importance of symptoms with regard to clinical need, regulatory systems, and risk management. The severity of R1's symptoms was rated five out of nine on a scale of one to nine (with one indicating little and nine indicating high severity). The note included, she [R1] reports boredom and states that she continues to have loneliness.</p> <p>R1's progress note by the MDS coordinator dated 6/26/24, indicated the writer spoke with R1 about a medical insurance appeals letter and R1 stated would like to start using her prosthesis (with build in shoe), however has a concern about not having a shoe available for the right foot to perform ambulation. Writer notified SS [social services], will notify the rest of the team via email.</p> <p>R1's PHQ-9 Long-Term Care assessment dated [DATE], identified R1 felt down, depressed, or hopeless on two to six days of the 14 day assessment period. R1's record did not specify and/or further assess which symptom (felt down, depressed, or hopeless) R1 had nor potential causes that made R1 feel down, depressed, or hopeless.</p> <p>R1's life enrichment progress note dated 8/30/24, indicated R1 had not attended activities with life enrichment but had accepted one to one visits and there are no concerns at this time.</p> <p>R1's monthly activities attendance calendars dated July through October 2024, noted completion of 11 total one-to-one visits between 6/1/24 and 10/28/24 as follows:</p> <ul style="list-style-type: none"> <li>- One one-to-one visit in June</li> <li>- Zero one-to-one visits in July</li> <li>- Four one-to-one visits in August</li> <li>- Three one-to-one visits in September</li> <li>- Three one-to-one visits in October</li> </ul> <p>R1's psychology provider note dated 9/4/24, indicated R1's mood was depressed and anxious with a Clinician's Rating of Severity symptom severity level of six out of nine. The note included, Time spent in session discussing interventions that she can do to improve her energy level and quality of life. Clinician provided supportive feedback and encouraged her to continue to spend time out of her room as this might be of benefit to her mood.</p> <p>R1's progress note by social services designee (SSD)-A dated 9/5/24, indicated a care conference was conducted with R1, nurse manager, and social worker. The note included resident reported, she doesn't have cloths [sic, clothes]. SW [social work] will look in laundry for donation clothes.</p> <p>(continued on next page)</p>		

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  10/30/2024
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 0745</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R1's PHQ-9 Long-Term Care assessment dated [DATE], identified R1 felt down, depressed, or hopeless on two to six days of the 14 day assessment period. R1's record did not specify and/or further assess which symptom (felt down, depressed, or hopeless) R1 had nor potential causes that made R1 feel down, depressed, or hopeless.</p> <p>R1's psychology provider note dated 9/11/24, indicated R1's mood was depressed and anxious with a Clinician's Rating of Severity symptom severity level of six out of nine. The note included, [R1] states that she continues to have difficulty with a variety of mood concerns with a treatment recommendation/plan to continue current psychological treatment plan and interventions in place.</p> <p>R1's psychology provider note dated 10/2/24, indicated R1's mood was depressed and anxious with a Clinician's Rating of Severity symptom severity level of five out of nine. The note included [R1] states that she continues to feel a decline. She notes confusion, not able to recall things, and a loss of energy . She notes that she thinks that she is sleeping too much during the day. The treatment recommendation/plan was to continue current psychological treatment plan and interventions in place.</p> <p>R1's psychology provider note dated 10/16/24, indicated R1's mood was depressed and anxious with a Clinician's Rating of Severity symptom severity level of six out of nine. The note included, She [R1] reports her mood is 'okay,' and reports her sleep continues to be 'okay' at night. Her energy level presents as low today . She stated her belief is that she is 'getting worse' . Clinician provided supportive feedback and encouraged her to continue to spend time out of her room as this might be of benefit to her mood. The treatment recommendation/plan was to continue current psychological treatment plan and interventions in place.</p> <p>R1's progress notes reviewed between R1's admitted through 10/16/24 did not include identification of any further follow-up regarding her expressed concerns of lack of shoes and clothing. Additionally, even though the psychology provider noted on 6/26/24 identified R1 was lonely and bored, on 9/4/24 encouraged R1 to spend time out of her room, on 9/11/24 noted R1 had difficulty with a variety of mood concerns, on 10/2/24 indicated worsening mood symptoms noting R1 continued to feel a decline, had confusion, loss of energy, and sleeping too much. On 10/16/24 psychology note indicated worsening mood symptoms noting R1 believed she was getting worse. R1's record did include a comprehensive assessment that identified potential reasons why R1 was not coming out of her room and the psychosocial impact. Further it was not evident the facility addressed the psychology providers recommendation to encourage R1 to spend time out of her room. Refer to F679 for additional information.</p> <p>Vulnerable Adult Maltreatment Report dated 10/25/24, indicated the unidentified anonymous reporter (AR) visited R1 the week of 10/13/24. The reporter noted R1 stated she could not go to the dining room because she did not have any clothes and reported she did not have socks, shoes, or slacks. R1 had one to two shirts and typically wore hospital gowns.</p> <p>During an interview on 10/28/24 at 1:23 p.m., AR stated she had visited R1 and R1 indicated she didn't think she could go anywhere because she didn't have appropriate clothing. The AR stated R1 had two shirts the facility had given her, but didn't have socks, slacks, or shoes, and had a coat but it lacked a lining. The AR reported when she visited R1 she was wearing one of the shirts, an oversized button-up shirt over a hospital gown. AR stated the shirt was the same length on R1 as the hospital gown because R1 is super tiny, she is short and on R1 a large shirt would be like a dress.</p> <p>(continued on next page)</p>		

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  10/30/2024
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 0745</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 10/28/24 at 11:31 a.m., nursing assistant (NA)-A brought lunch to R1 in her room. R1 was sitting in bed wearing an oversized button-up shirt over a hospital gown with a yellow gripper sock on her right foot. R1 requested beverages from NA-A and provided her with a list, but NA-A did not ask R1 if she wanted to eat outside of her room or encourage her to come out. R1 made an expression of her interest in socializing and speaking with other people stating, It is my job to make a person giggle, but if they laugh that's even [NAME].</p> <p>During an interview on 10/28/24 at 4:23 p.m., R1 was eating in bed in her room wearing an oversized button-up shirt over a hospital gown with a yellow gripper sock on her right foot. R1 stated she had no clothes and had no clothes because her landlord had thrown them away. She stated she was eating in her room because I can't think of any way of me getting out because I don't have a lot of clothes. I have nothing proper to wear in the lunchroom. R1 indicated the facility had donated some clothes to her, but they did not fit because she was short. R1 stated I would like to try eating in the dining room.</p> <p>During an observation on 10/29/24 at 12:16 p.m., R1 was eating in bed in her room wearing an oversized button-up shirt over a hospital gown with a yellow gripper sock on her right foot.</p> <p>During an interview on 10/29/24 at 12:38 p.m., licensed practical nurse (LPN)-A stated R1 did not go to activities and did not go to the dining room, she always said no, and this was also what staff had reported to her. LPN-A noted she wished all residents would eat in the dining room as it provided more socializing. LPN-A noted she had only seen R1 outside of her room in her wheelchair one time, for physical therapy.</p> <p>During an interview on 10/29/24 at 12:51 p.m., nursing assistant (NA)-A stated she assisted R1 with cares and would clean R1 up and change her hospital gown in the morning. NA-A noted R1 ate meals in her room.</p> <p>During an interview on 10/29/24 at 1:31 p.m., NA-C stated R1 never wanted to come out of her room. NA-C reported she had tried to come to R1 and say 'let's go somewhere together' to get her to come out of her room but when asked if she wants to come out R1 says I have no clothes. NA-C stated two or three weeks ago staff had told the director of nursing (DON) R1 needed clothes when the DON had asked staff if anybody needed clothes to be given out, discussed R1 and DON told the aides everybody should have clothes. NA-C reiterated that R1 never wants to come out and she just wants to stay in her room.</p> <p>(continued on next page)</p>		

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  10/30/2024
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 0745</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 10/29/24 at 3:09 p.m., R1 was observed in her bed in her room wearing an oversized button-up shirt over a hospital gown and a yellow gripper sock on her right foot. R1 stated she had some clothing that the facility provided from lost and found, but it was very little, and she did not have any of her own clothing at the facility. R1 stated she had a yellow gripper foot cover, but did not have socks, shoes, or a bra and classified the hospital gown she was wearing as a night gown. R1 noted she needed shoes to be able to use her prosthetic because she needed a shoe for her right foot for balance, a shoe gives me stability and not having shoes has impacted my mobility. R1 indicated the facility had provided her with two shirts, one sweatshirt, and one pair of pants but the pants did not fit appropriately. R1 stated not having clothes makes me not want to go out It is keeping me from wanting to get up and get out . if I looked proper I would love to go out, but I don't want to go out in this, and I don't even know if they allow it. If I were dressed properly, I would enjoy getting out and about. I don't feel my attire is proper. R1 made an expression of hopelessness, stating she felt like she was missing out on things, but had learned to accept whatever there is. R1 recalled mentioning needing clothes to one or two staff members but did not recall who. R1 re-iterated that if I had clothing I was comfortable in, I think I would ask to go to the dining room and ask to go to activities. She believed someone from laundry brought the donated clothes to her room and had noticed clothes in her shared closet but was not sure who they belonged to because no one had spoken to her about them. R1 did not indicate she had any other winter weather clothing apart from one unlined coat. R1 stated she didn't know if she had a social worker, so did not know if they had discussed shoes or clothes with her. R1 showed the surveyor her clean folded clothing which she kept in a plastic bag at the foot of her bed along with other personal belongings. They included one additional button-up shirt, a sweatshirt, and a pair of pants that she indicated was not the correct size.</p> <p>During an interview on 10/29/24 at 3:29 p.m. with the director of social services (DSS) and SSD-A, SSD-A confirmed she wrote a progress note about R1 dated 9/5/24 regarding a care conference. SSD-A stated it was brought up to her that R1 needed clothes, she believed it was nursing staff who informed her, and she went to the laundry department who gave her some donated clothes from the lost and found. SSD-A stated R1 had arrived at the facility without clothing of her own and when she spoke to R1, R1 stated she had no clothing. SSD-A stated, they just gave her basic clothes for now, whatever they can find in the laundry and noted R1 did not have family to call for assistance and R1 was her own responsible party. SSD-A stated laundry provided her with some shirts and pants but she doesn't walk, she's amputated like her foot, so she doesn't need shoes. SSD-A was unable to articulate how she assessed what R1's specific needs were regarding clothing and shoes apart from I just asked her what she needed . I told her 'Oh, will shirts and pants be okay,' she said 'Yes,' so that's how I knew.</p> <p>(continued on next page)</p>		

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  10/30/2024
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 0745</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/29/24 at 3:29 p.m. with the DSS and SSD-A, the DSS stated if someone needed clothes you could offer a short-term fix like getting things from laundry, but long term we need to ask about finances and if a resident had money to get clothes or had family to assist with getting clothes. The DSS noted social services staff needed to ask R1 what specifically she needs and get her what she needs as soon as we can and find a long-term fix because donated clothes from laundry is a temporary fix, we need to find a long term fix. It is not okay for somebody to not have shoes. The DSS stated R1 should also have a hat, gloves, and a scarf for winter wear. The DSS noted residents needed clothing that meets their needs to feel comfortable, covered, and safe and this could affect mental health . it could affect your socialization, you're not comfortable. The DSS further stated not having adequate comfortable clothing could cause psychosocial harm and it is kind of degrading . like if I was in their shoes I wouldn't like to be walking in a hospital gown . and we don't even know her preferences. The DSS noted sometimes should have followed up and asked if she got the things she needed and if there was anything else she needed. The DSS confirmed R1's progress note dated 6/4/24 from life enrichment identified concerns about have a shoe available for her right foot to perform ambulation and a progress note dated 9/5/24 identified R1 didn't have clothes. The DSS was not sure what had happened after these concerns were noted. The DSS confirmed clothing, including shoes, socks, and bras were a basic need and one pair of pants was not sufficient as dirty clothes could be gone for days while processed by laundry. The DSS confirmed clothing and shoes are a medically related social service and is in our scope, because we help people get the services and things they need to be successful. The DSS confirmed clothing and shoes are important for attaining and maintaining mental and psychosocial health and sometimes your appearance can make you feel a certain type of way. The DSS identified a lack of clothing and shoes could affect a resident by not participating in therapy, self-isolating, I think we would see it across the board affect almost every aspect of their life . I don't know [R1] very well but if she feels like she can't leave her room because of it and she feels uncomfortable, that actually is a problem and is harmful . if I was in her shoes I would not want to be out.</p> <p>During an interview on 10/30/24 at 8:28 a.m., life enrichment aide (LEA)-B stated R1 had not participated in activities and a couple of the times that I talked to her she said it's because she doesn't have any clothes . as far as I know it seemed she wasn't comfortable going to activities in one of the nursing gowns. LEA-B noted being around others in the nursing gown she [R1] didn't feel comfortable. LEA-B stated she gotten R1's clothing sizes and left a note in the mailbox for laundry to find some clothes for her when she became aware of the concern but was not sure when that had occurred. LEA-B confirmed she had continued to see R1 wearing hospital gowns since then and didn't follow up further when she was still wearing them.</p> <p>During an interview on 10/30/24 at 9:32 a.m., R1 noted she loved to crochet and do crafts, but no one had ever offered to do crafts with her in her room. R1 noted she would like to play cards, but no one had ever offered to play games with her in her room and I play solitaire in bed by myself. She stated she may have said no when staff had invited her to attend group activities because she didn't have proper clothing.</p> <p>During an interview on 10/30/24 at 10:02 a.m., trained medication aide (TMA)-A stated R1 always stayed in her room, and she had only seen R1 outside of her room once when someone came to have a meeting with her. TMA-A was not aware of why R1 did not want to come out.</p> <p>(continued on next page)</p>		

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  10/30/2024
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 0745</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/30/24 at 10:12 a.m., LPN-A stated R1 preferred to stay in her room and would say 'nope' if asked to attend an activity or come to the dining room. LPN-A stated R1 was not very social and I told her you know you should talk to more people, people need to communicate . I would want to be around people.</p> <p>During an interview on 10/30/24 at 11:45 a.m., DON stated R1 doesn't come out of her room a whole lot and I was told she just isn't a very social person. The DON stated she was now aware it was noted in June that R1 had concerns about clothing and shoes, but staff had not told her at the time. The DON stated, adequate clothing and shoes is a basic need and the facility is responsible for meeting that need. The DON identified potential impacts of a lack of adequate clothing and shoes as an impact on dignity, not feeling so good about themselves, psychosocial impact and noted that for a resident with diagnoses of anxiety and depression the potential impact could be higher. The DON confirmed R1 had diagnoses of anxiety and depression. The DON stated if she did not have adequate clothing and shoes I wouldn't feel good about it, I would not be very happy if it was a family member of mine and noted a resident would not feel good about themselves . it may make them feel isolated if that was the reason why they didn't want to come out of their room was because of their clothing. The DON noted isolation could progressively lead to further anxiety and depression. The DON stated if R1 doesn't have shoes to wear her prosthetic and come out of her room it definitely would affect her mood, isolation and it affects her mobility.</p> <p>During an interview on 10/30/24 at 12:41 p.m., R1's primary care provider, nurse practitioner (NP)-A, stated she had never seen R1 outside of her room and assumed she did not eat in the dining room or attend activities. NP-A stated clothing and shoes are basic needs, and she recalled that R1 didn't have any belongings because R1 had mentioned that all her belongings were removed from her apartment. NP-A stated she thought she always saw R1 dressed in a hospital gown. NP-A stated, If the reason someone won't leave their room is because they don't have clothing, if she has stated I'm uncomfortable to leave my room because I don't have these things, I would say it is a priority to have those things. It would have an impact. NP-A noted it could have a negative psychosocial impact, possible increased depression, anxiety, dissatisfaction, it would impair self-esteem . not leave a room for meals or activities could even have a negative cognitive impact in a way because of the lack of stimulation. NP-A noted it could have caused harm and impacted well-being if R1 didn't have clothes and shoes and wasn't comfortable leaving her room because of that. NP-A stated she would feel restricted in the activities she participated in if she did not have adequate and comfortable clothing and stated I don't think the average person would be comfortable attending group activities or dining communally in a hospital gown . I wouldn't be. NP-A noted she was not previously aware of this concern.</p> <p>(continued on next page)</p>		

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  10/30/2024
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 0745</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a return phone call interview on 11/7/24 at 9:50 a.m., R1's psychology provider, licensed independent clinical social worker (LICSW)-A, confirmed she had been treating R1 over the course of her admission to the facility. LICSW-A stated R1's mood was kind of hit or miss and confirmed she presented as depressed and anxious. LICSW-A noted R1 was having a hard time adjusting to the facility and displayed symptoms including loneliness, boredom, increased confusion, decreased energy, and sleeping too much. LICSW-A noted R1's Clinician's Rating of Severity scores were a scale based on what staff and R1 told her and the clinician's impression. LICSW-A identified R1's scores ranging from five to seven as reflective of R1 not totally doing well. LICSW-A noted R1 was not able to self-soothe effectively and relied on staff to anticipate her needs. LICSW-A identified R1's treatment plan and interventions to include attending activities, talking to others and not bottling feelings up, reaching out to others, and taking medications as prescribed. LICSW-A stated she encouraged R1 to spend time outside of her room, her being around people, and not being alone and recommended this because if she is feeling loneliness or boredom having people around her and eating meals in the dining room, those kind of things might help her. LICSW-A stated the impact on R1 of being isolated and in her room would be a continued decline, more experiencing and expressing being lonely. Her roommate leaves to do things so then she is in her room alone. LICSW-A noted prior to R1's admission to the facility, she lived in a big apartment complex and a lot of people would sit outside or in the common areas and I think she used to do that. LICSW-A believed R1 used to socialize and drink alcohol and believed she missed doing this, though noted R1 was no longer drinking which was a good thing. LICSW-A noted R1 got along well with her roommate and talked to her, and R1 said she wanted to do activities. LICSW-A thought R1 was declining activities when asked by staff because she was usually tired and her energy was low. LICSW-A was unaware of R1's concerns regarding a lack of clothing and shoes and indicated R1 was always in her room when LICSW-A arrived. LICSW-A stated she thought social services staff should get R1 clothing and shoes, and noted the facility needed to work on this. LICSW-A stated if R1 felt she did not have adequate and proper clothing the impact would be R1 continuing to be symptomatic. LICSW-A noted if R1 said she lacked adequate and proper clothing to leave her room it could be harmful to her psychosocial well-being. LICSW-A stated R1 isolating, not socializing, and remaining in her room was harmful.</p> <p>Facility policy titled Quality of Life - Dignity and Privacy dated 12/19, included Procedures: 1.) Resident will be treated with dignity and respect at all times. a. Being 'treated with dignity' means the resident will be assisted in maintain and enhancing their self-esteem and self-worth . 3.) Residents will be assisted in attending the activities of their choice, including activities outside of the facility.</p> <p>Facility job description for Director of Social Services, undated, included Position Summary: . Developing care plans to meet the psychosocial well-being and needs of residents and to enable residents to achieve their optimal level of independence . Responsibilities and duties: . 3.) Provides support services for new residents and their families to facilitate initial adjustment to [facility]. Provide ongoing counseling and problem solving services to residents and family members . 5.) Assess resident's social, psychological, and emotional status and develops a plan of care that meets the residents' needs . 9.) Serves as an advocate for residents, interpreting and upholding the Minnesota [NAME] of Rights and the Vulnerable Adult Act.</p>		