

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 04/04/2024
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42586</p> <p>Based on observation, interview, and document review, the facility failed to ensure a self administration of medications (SAM) assessment was completed to allow residents to safely administer their own medications for 1 of 1 (R19) resident observed with medications at bedside.</p> <p>Findings include:</p> <p>R19's quarterly Minimum Data Set (MDS) dated [DATE], indicated intact cognition and diagnoses of chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and chronic kidney disease (CKD). It further indicated R19 received oxygen therapy.</p> <p>R19's physician's orders dated 12/1/23, indicated oxygen 2.5 liters per minute (lpm) per nasal cannula, continuous. It further lacked an order for R19 to self administer medications.</p> <p>R19's SAM assessment dated [DATE], indicated R19 didn't want to administer her own medications and required assistance taking them.</p> <p>R19's care plan dated 2/13/24, indicated R19 received oxygen therapy (per nasal cannula) related to CHF, to keep oxygen (O2) saturations greater than or equal to 90%. Current oxygen flow rates: 3 lpm.</p> <p>It further indicated oxygen settings: O2 sats with activity and rest notify medical doctor or nurse practitioner for respiratory distress O2 saturations less than 90% at rest, if O2 lpm is greater than 2 lpm over the initial rate, and any change in condition.</p> <p>During observation on 4/01/24 at 2:16 p.m., R19 was sitting in her room receiving 4 lpm of oxygen via nasal cannula. R19 stated she was supposed to be receiving 3 lpm and had been receiving the 3 lpm amount for a long time.</p> <p>During observation and interview on 4/2/24 at 12:08 p.m., R19 was sitting in her room receiving 4 lpm of oxygen via nasal cannula. Registered nurse (RN)-F verified R19's oxygen was set at 4 lpm and the doctor's order indicated it should be set at 2.5 lpm. RN-F stated R19 turns the oxygen up on her own and also verified she didn't have a doctor's order to do so.</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 04/04/2024
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 4/3/24 at 7:31 a.m., trained medication assistant (TMA)-A stated nurses were responsible for adjusting residents oxygen settings, not the residents and in order for a resident to administer their own medications they need to have an assessment and a doctor's order.</p> <p>During interview on 4/3/24 at 7:41 a.m., RN-A stated only nurses were able to adjust residents oxygen settings, not the residents. Sometimes the residents will adjust them but the nurses were supposed to check it to make sure it's on the correct setting. RN-A verified R19 was not able to administer her own medication and in order for residents to do so, they would need a desire to do it, an assessment and then a doctor's order.</p> <p>During an interview on 4/3/24 at 10:56 a.m., licensed practical nurse (LPN)-A coordinator stated nurses were responsible for changing residents oxygen settings and residents should not be adjusting them. In order for residents to administer their own medications they would need a doctor's order and a SAM assessment.</p> <p>During an interview on 4/3/24 at 12:15 p.m., the director of nursing (DON) stated the nurses were responsible for adjusting residents oxygen settings, not the residents and if the nurses are aware a resident was doing so they should intervene immediately, educate the resident, discuss the risks and benefits, and update care plan. In order for a resident to administer own medications they would need a doctor's orders and an assessment. The DON further stated R19 was not interested in administering her own medications and if R19 was adjusting her oxygen setting it could have an adverse effect from the oxygen setting being too high, could cause harm to her, and she could become extremely ill and end up in the hospital.</p> <p>The facility's policy on SAM dated 11/23, indicated the nurse must complete an assessment and then obtain a physician's order in order for residents to self administer their medications.</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 04/04/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44651</p> <p>Based on observation, interview, and document review, the facility failed to ensure a call light was accessible for 1 of 1 resident (R385) reviewed for call light accessibility.</p> <p>Findings include:</p> <p>R385's Admission Minimum Data Set (MDS) dated [DATE], included R385 was moderately cognitively impaired, had diagnoses of malnutrition and depression, was dependent on staff to turn in bed, always continent of bowel and occasionally incontinent of urine, was at risk for pressure ulcers, and had a history of falls.</p> <p>R385's care plan dated 3/8/24, included R385 had an alteration in safety related to falls and included interventions of keep call light within reach, remind resident when/how to use it, and remind to ask for assistance. In addition, the care plan directed staff to not wake R385 up at night per their request, and R385 will use their call light if they need any assistance.</p> <p>During observation on 4/1/24 at 5:53 p.m., R385 was lying supine and asleep wearing a gown in their bed with their feet flat against the footboard. The call light cord was clipped to the fitted sheet approximately six inches from the top of the mattress with approximately four feet of cord hanging down onto the floor out of reach of R385. At 6:07 p.m., R385 began to call out, help me, help me. The television in the neighboring room was at a very high volume, making it difficult to hear R385 from the hallway. At 6:11 p.m., R385 again called out help me, help me, please, please help me. At 6:30 p.m., R385 continued to lie awake in bed. No staff entered R385's room.</p> <p>During observation on 4/1/24, at 6:37 p.m., director of nursing (DON) walked down the hallway and looked inside R385's room for approximately five seconds and left.</p> <p>During observation and interview on 4/1/24 at 6:42 p.m., registered nurse (RN)-D and nursing assistant (NA)-F were outside R385's room. RN-D stated R385 was newer to the facility and a little confused but could use the call light. NA-F also confirmed R385 was able to use the call light. Both staff identified R385 was not at risk for falls as they had not fallen in the facility since their arrival. Upon entering R385's room both RN-D and NA-F confirmed R385's call light cord was lying on the floor and out of reach. When asked if R385 needed anything, R385 stated That's why I called, I want to face the window and be on my side. When asked if they R385 was having pain, R385 stated wouldn't be in pain anymore if they could lay on their side.</p> <p>During interview on 4/1/24 at 6:46 p.m., DON stated call lights should always be within reach of the resident so they can alert staff if they need anything, and staff should respond to their needs timely. DON stated went to the room only to see if there was an empty bed available and then left and had not noticed the call light on the floor.</p> <p>The Crest View Lutheran Home Policy and Procedure Call Light dated 6/22, indicated staff should ensure call lights are placed within resident reach at all times, never on the floor or bedside stand.</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 04/04/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42579</p> <p>Based on interview and document review, the facility failed to include a physician documented basis for discharge for 1 of 1 resident (R82) reviewed for facility initiated discharge.</p> <p>Findings include:</p> <p>R82's admission Minimum Data Set (MDS) dated [DATE], identified intact cognition, no behaviors or rejection of care and discharge planning was in place to move to another facility. R82 required supervision with bed mobility, transfers and toileting; and was independent with eating after set up.</p> <p>R82's Admission Record dated 4/4/24, identified an admitted [DATE], and a discharge date of [DATE]. R82's diagnoses included chronic kidney disease and urinary tract infection.</p> <p>R82's Care Plan dated 3/1/24, identified R82 wanted to discharge to an assisted living facility or independent senior living facility with home care services, and the potential for discharge would be reviewed in 30 days.</p> <p>R82's physical (PT) and occupational (OT) therapy notes dated 3/1/24 through 3/8/24, identified the plan was to continue working with therapy, and on 3/8/24, R82 was discharged from therapy to the hospital.</p> <p>R82's physician order dated 3/8/24 at 1:38 p.m., identified discharge with current plan of care and seven days of medications, and follow up with primary care physician in community within seven days of discharge. The order lacked a basis for discharge.</p> <p>R82's Nursing Recapitulation of Stay dated 3/8/24 at 3:13 p.m., identified an admission on 3/1/24, for short term rehabilitation after a hospitalization for a bladder infection, for short term rehabilitation. Services included skilled nursing, PT/OT 5 days per week, dietary, life enrichment, chaplin and social services. R82 required contact guard assistance with a walker (staff place one or two hands on the resident's body to help with balance but provides no other assistance to perform the functional mobility task). Lastly, R82 would discharge 3/8/24. The progress note lacked a basis for discharge.</p> <p>During an interview on 4/2/24 at 1:33 p.m., R82 stated the facility kicked me out and he was not sure of the basis. R82 stated the facility wanted him to go to a homeless shelter, but he could not do that, because he wanted personal assistance, and had a catheter. R82 stated his family member (FM)-B found him a place to stay and provided assistance.</p> <p>During an interview on 4/2/24 at 2:23 p.m., the PT stated R82 had not met all therapy goals before he discharged, and he was not sure if home therapy was required, but according to their notes R82 discharged to the hospital on 3/8/24.</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 04/04/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/2/24 at 2:55 p.m., the director of nursing (DON) stated R82 was considered a facility initiated discharge because neither the hospital R82 was admitted from, nor R82, had notified the facility that R82 was on parole due to felony history. The DON stated for a resident discharge the nurse would document a recapitulate of the resident's stay, and all departments would be involved with discharge planning. The DON stated and the provider would be contacted to write orders to discharge.</p> <p>During an interview on 4/3/24 at 11:05 a.m., FM-B stated on 3/8/24, the facility called FM-B and asked him to pick up R82, as he needed to discharge from the facility immediately. FM-B stated he got a hotel room for R82 for a couple of days and then found him a residence. FM-A stated the facility discharged R82 because he was on parole due to felony history.</p> <p>During an interview on 4/3/24 at 10:47 a.m., the administrator stated she began a facility initiated discharge, after R82's parole officer (PO) notified the facility of his felony history. The administrator stated that information resulted in an immediate discharge in accordance with their Resident Protection Plan. The administrator stated required documentation for a facility initiated discharge was expected to be in the medical record.</p> <p>During an interview on 4/3/24 at 1:16 p.m., R82's medical doctor (MD) stated the facility called him to ask for orders to discharge due to R82's felony history status. The MD stated there was no medical reason to hold R82 at the facility, therefore he wrote orders to discharge, but not the reason for discharge.</p> <p>During an interview on 4/3/24 at 1:30 p.m., R82's PO stated she visited the facility to update R82's address registration and then notified the facility of his status, since R82 had not done so. The PO stated the facility began discharge planning immediately after they were notified.</p> <p>A policy or procedure for facility initiated discharges was requested, however, what was provided was a blank example of a facility discharge and transfer notice form, which included a section for reason for transfer or discharge, along information regarding the resident rights to appeal, and the contact information for the Office of Health Facility Complaints appeals coordinator.</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 04/04/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42579</p> <p>Based on interview and document review, the facility failed to provide the resident with a written discharge notice and basis for discharge; and failed notify the Ombudsman Office for Long-Term Care (OOLTC) of transfers and discharges for 1 of 1 resident (R82) reviewed for facility initiated discharge, which has the potential to affect all residents who transfer or discharge.</p> <p>Findings include:</p> <p>R82's admission Minimum Data Set (MDS) dated [DATE], identified intact cognition, no behaviors or rejection of care and discharge planning was in place to move to another facility. R82 required supervision with bed mobility, transfers and toileting; and was independent with eating after set up.</p> <p>R82's Admission Record dated 4/4/24, identified an admitted [DATE], and a discharge date of [DATE]. R82's diagnoses included chronic kidney disease and urinary tract infection.</p> <p>R82's medical record dated 3/1/24 through 3/8/24, lacked a discharge notice with the basis for discharge, statement of appeal rights, and OOLTC contact information.</p> <p>The facility Discharges list dated 2/4/24 through 4/4/24, identified 18 total residents had discharged :</p> <ul style="list-style-type: none"> -Four residents discharged to acute care hospital -Five residents discharged to board and care/assisted living/group home -Three residents discharged to nursing home -Six residents discharged to other (including R82). <p>During an interview on 4/2/24 at 1:33 p.m., R82 stated the facility kicked me out and he was not sure of the basis. R82 stated the facility wanted him to go to a homeless shelter, but he could not do that, because he wanted continued personal assistance. R82 stated some paperwork was emailed to his family member (FM)-B, but was unsure what was included.</p> <p>During an interview on 4/3/24 at 10:47 a.m., the administrator stated the social worker would have provided any required notices for discharges or transfers. The administrator stated R82 was discharged in accordance with their Resident Protection Policy when they found out he was on parole due to felony history.</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 04/04/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/3/24 at 11:05 a.m., FM-B stated on 3/8/24, the facility called FM-B and asked him to pick up R82, as he needed to discharge from the facility immediately. FM-B stated he got a hotel room for R82 for a couple of days and then found him a residence. FM-B stated the facility discharged R82 because he was on parole due to felony history. FM-B stated the facility provided him with an emailed medication list, but not a notice explaining the basis of the discharge or rights related to discharge.</p> <p>During an interview on 4/3/24 at 2:12 p.m., the facility's OOLTC representative stated she had not received discharge or transfer notices for the residents listed on the facility discharge list, and she would have expected to.</p> <p>During an interview on 4/4/24 at 8:32 a.m., the social worker (SW) stated she was not aware resident discharge and transfer notices needed to be sent to the OOLTC, therefore she had not completed this task since she started work nine months ago.</p> <p>The facility policy titled Ombudsman Notification dated 11/18, identified the resident, family and OOLTC would be notified of a residents transfer to the hospital or discharge within 72 hours.</p> <p>The facility policy titled Resident Protection plan dated 2/23, identified a predatory offender was required to self-identify and failure to do so was a felony. If a predatory offender was admitted and had not self-identified, the facility could discharge the offender and the offender had no right to appeal.</p> <p>The undated example of the facility discharge and transfer notice form, identified a blank reason for transfer or discharge, along information regarding the resident rights to appeal, and the contact information for the Office of Health Facility Complaints appeals coordinator.</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 04/04/2024
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46885</p> <p>Based on interview and document review the facility failed to complete a comprehensive Minimum Data Set (MDS) assessment to ensure cognitive and mood needs were evaluated and addressed for 1 of 1 resident (R334) reviewed for comprehensive MDS assessment accuracy.</p> <p>Findings include:</p> <p>The Centers for Medicare and Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual version 1.18.11, dated October 2023, indicated the purpose of the manual was to offer clear guidance about how to use the resident assessment instrument (RAI) correctly and effectively to provide appropriate care. The RAI helps nursing home staff gather definitive information on a resident's strengths and needs, which must be addressed in an individualized care plan. A comprehensive MDS assessment includes completion of both the MDS and the CAA (care area assessment) process, as well as care planning. Comprehensive assessments are completed upon admission, annually, and when a significant change in a resident's status has occurred or a significant correction to a prior comprehensive assessment is required and consist of an admission assessment, annual assessment, significant change in status assessment, and a significant correction to prior comprehensive assessment. The ARD (assessment reference date) is the last day of the observation look back period and day 1 for purposes of counting back to determine the beginning of observation/look back periods. For example, if the ARD is set for day 14 of a resident's admission, then the beginning of the observation period for MDS items requiring a 7 day observation period would be day 8 of admission (ARD plus 6 previous calendar days), while the beginning of the observation period for MDS items requiring a 14 day observation period would be day 1 of admission (ARD plus 13 previous calendar days). Since a day begins at 12:00 a.m., and ends at 11:59 p.m., the actual date of admission, regardless of whether admission occurs at 12:00 a.m., or 11:59 p.m., is considered day 1 of admission. The standard look back period for the MDS 3.0 is 7 days unless otherwise stated. The intent of section C Cognitive Patterns was to determine the resident's attention, orientation, and ability to register and recall information and whether the resident has signs and symptoms of delirium. The intent of section D Mood, was to address mood distress and social isolation.</p> <p>R334's admission Minimum Data Set (MDS) dated [DATE], indicated R334 admitted to the facility 3/20/24, and had an anxiety disorder and depression, and schizoaffective disorder.</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 04/04/2024
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R334's admission MDS assessment dated [DATE], indicated under Section C Cognitive Patterns a dash located in the enter code boxes under items C0100 Should Brief Interview for Mental Status (BIMS) be Conducted, C0200, Repetition of Three Words, C0300 Temporal Orientation, C0400 Recall, and C0500 BIMS Summary Score indicating the BIMS was not completed. Further, under Section D-Mood, a dash was entered in the enter code boxes for D0100 Should Resident mood Interview be Conducted. Additionally, dashes were entered in the boxes next to symptom presence for little interest or pleasure in doing things, feeling down, depressed, or hopeless, trouble falling or staying asleep, or sleeping too much, feeling tired or having little energy, poor appetite or overeating, feeling bad about yourself or that you are a failure or have let yourself or your family down, trouble concentrating on things, such as reading the newspaper or watching television, moving or speaking so slowly that other people could have noticed, or the opposite being so fidgety or restless that you have been moving around a lot more than usual, thoughts that you would be better off dead, or of hurting yourself in some way. Additionally a dash was entered under D0160, Total Severity Score. The dashes indicated the assessment was not completed.</p> <p>During interview on 4/4/24 at 8:16 a.m., social worker (SW)-A stated she completed sections C-Cognitive Patterns, and D-Mood, of the MDS and the CAAs, if triggered. SW-A verified the sections were marked as not assessed and stated she was not on campus during the timeframe for completion and there was nobody else available who could do the MDS and further stated if she was not able to get sections completed by the date they are due and no staff are authorized to complete the MDS, the sections were marked not assessed. SW-A further stated she tried to complete the sections on the date they are due and stated the MDS was something that was new for her.</p> <p>During interview on 4/4/24 at 9:11 a.m., registered nurse (RN)-B stated not assessed on the MDS means the assessment was not completed and further stated section C was important because you test a resident's memory and cognitive abilities and section D was important to assess depression and it was important to know a resident's status if they were having signs or symptoms of depression or if signs and symptoms of depression needed to be addressed. RN-B stated she expected the SW to let someone know the sections needed to be completed and thought any nurse could complete the assessment. RN-B further stated it was important to complete sections C and D because R334 had anxiety, depression, and schizoaffective disorder and verified a cognitive or mood assessment hasn't been completed after the MDS assessment either.</p> <p>During interview on 4/4/24 at 9:43 a.m., the director of nursing (DON) stated she expected the MDS sections be completed because it was important to make sure R334 was receiving the proper care and to assess whether a referral to ACP or to see a psychiatrist was necessary and make sure R334 was getting help for mental health issues.</p> <p>A policy was requested, however the DON sent an email on 4/5/24 at 11:08 a.m., they did not have a policy, but the MDS's were completed according to the RAI manual and assessments were to be completed before the assessment range date (ARD).</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 04/04/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42579</p> <p>Based on observation, interview, and document review, the facility failed to ensure physical devices were assessed and reassessed for continued appropriateness for 1 of 1 resident (R66) who had perimeter mattresses placed on their bed as a fall intervention.</p> <p>Findings include:</p> <p>R66's significant change Minimum Data Set (MDS) dated [DATE], identified she was rarely/never understood, with verbal behaviors toward others one to three days in the lookback period which posed no significant risk or interfered with cares. Diagnoses included Alzheimer's disease and resident was on hospice. Extensive assist of two staff was required with transfers and bed mobility, and no falls occurred since the prior MDS assessment.</p> <p>R66's Care Area assessment dated [DATE], identified she was a fall risk related to weakness, Alzheimer's disease, history of falls and poor safety awareness.</p> <p>R66's Care Plan intervention dated 10/20/23, identified a perimeter mattress was placed due to a potential alteration in safety, falls related to dementia, weakness and psychotropic medication use.</p> <p>R66's Fall Risk assessment dated [DATE] and 2/2/24, identified a high risk for falls, but had not assessed physical devices in place.</p> <p>R66's Physical Device Evaluations dated 12/18/23, and 3/5/24, had not assessed nor reassessed the perimeter (edge) defined mattress.</p> <p>R66's progress notes dated 6/6/23 through 4/3/23, identified the following:</p> <ul style="list-style-type: none"> - 10/19/23 at 11:15 p.m., at 11:00 p.m., fell from bed without injury and a request for a concave mattress was placed. - 10/20/23 at 3:25 p.m., a maintenance request was issued to place a perimeter mattress on bed to help resident identify the edge of the bed. - 2/2/24 at 12:05 p.m., at 10:30 a.m., R66 slid out of her wheelchair without injury. No requests were placed. - 2/2/24 at 4:15 p.m., a request would be made for therapy to assess R66's wheelchair cushion related to her fall. <p>During an observation on 4/1/24 at 6:18 p.m., R66 was in bed with a perimeter mattress in place. The affixed raised edges on both sides of the head and foot of the mattress measured about two inches in height with an ingress/egress opening in the middle of the mattress measuring about 1.5 feet wide. R66 had not attempted to get out of bed (OOB).</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 04/04/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/1/24 at 6:20 p.m., nursing assistant (NA)-G stated R66 was on hospice and required total assistance with bed mobility. NA-G stated she was not aware of instances where R66 tried to get OOB on her own, but thought the perimeter mattress was to keep her from rolling OOB, and she had it for at least several months but was not sure how long. NA-G repositioned R66 in bed and R66 could move her feet and arms but had not actively participated in the repositioning.</p> <p>During an interview on 4/3/24 at 10:30 a.m., trained medication aide (TMA)-B stated R66 could not get OOB independently.</p> <p>During an interview on 4/3/24 at 10:35 a.m., registered nurse (RN)-A stated physical devices should be assessed and reassessed to see if they were still needed and to ensure a resident was not restricted. RN-A stated R66 had no falls since it was placed but did not think she was restrained by the perimeter mattress due to her hospice status and inability to get out of bed.</p> <p>During an interview on 4/3/24 at 10:56 a.m., the director of nursing (DON) stated perimeter mattresses were used to remind residents of the edges of their bed and should be assessed and reassessed for continue appropriateness quarterly and with MDS assessments. The DON stated she doubted R66 needed the perimeter mattress anymore, was not assessed or reassessed and should have been.</p> <p>During an observation on 4/4/24 at 8:26 a.m., R66 was in bed and the perimeter mattress has been removed. R66's bed was positioned in the lowest position to the floor.</p> <p>The facility policy titled Physical Devices dated 3/23, identified in order to promote the highest level of physical functioning, the unit nurse or designee would complete the physical device assessment on admission, re-admission, significant change of conditioned and annually, and update the care plan.</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 04/04/2024
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46885</p> <p>Based on observation, interview, and document review, the facility failed to ensure a resident's preferred activities were available for 1 of 1 resident (R36) reviewed for activities.</p> <p>Findings include:</p> <p>R36's annual Minimum Data Set (MDS) dated [DATE], indicated R36 had a memory problem, did not have behaviors, did not reject care, was very important to choose her own bedtime, listen to music R36 liked, very important to participate in religious services or practices, and was very important to do her favorite activities. Additionally, the MDS indicated a diagnoses of Alzheimer's disease, anxiety, and psychotic disorder other than schizophrenia.</p> <p>R36's State Optional quarterly MDS dated [DATE], indicated R36 required extensive assist with bed mobility, transfers, eating, and toileting.</p> <p>R36's care plan dated 1/17/24, indicated R36 had an alteration in bathing, dressing, personal hygiene, grooming due to dementia and immobility and interventions included to offer country music while attempting to complete care or shower, and R36's preferred awake time was at 6:30 a.m., and sleep time was at 6:30 p. m.</p> <p>R36's care plan dated revised 12/7/23, indicated R36 had an activity intolerance due to cognitive impairment, physical limitations, dependent on staff to meet activity needs, limited attention span and her goals indicated R36 would accept 1 to 1 visits as needed. Interventions included: listening to music especially Elvis [NAME], dancing, and enjoyed playing piano in the past, provide invite to activities of interest and assistance to and from as needed R36 enjoys music, spiritual, and craft programs.</p> <p>R36's care sheet dated 1/15/24, indicated staff were to offer country music while attempting to complete care or shower.</p> <p>R36's care plan revised on 12/7/23, indicated R36 did not like to take naps, liked to get up early and go to bed early.</p> <p>R36's life enrichment initial and annual assessment dated [DATE], indicated R36 required a wheelchair with assist, was interested in arts and crafts, sports, music (Elvis), newspaper, and was Lutheran.</p> <p>R36's life enrichment notes dated 9/7/23, indicated R36's unit was on lockdown and R36 could not come out for activities as of 9/1.</p> <p>R36's life enrichment notes dated 3/7/24, indicated R36 enjoyed music performances, parties, animal visits, ball games and arts and crafts.</p> <p>R36's activity attendance calendar form for February 2024, indicated R36's unit was on lockdown from 2/2/24, until 2/26/24, and had nine 1 to 1 visits.</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 04/04/2024
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>R36's activity attendance calendar form for March 2024, indicated a Sunday worship for 5 Sundays at 10:30 a.m., and R36 attended two. R36 did not attend a 3:00 p.m., music activity on 3/12/24. On 3/26/24 at 2:00 p. m., the calendar indicated a birthday party with music activity and was documented bed. next to the activity.</p> <p>During observation on 4/1/24 at 1:20 p.m., R36 was in her wheelchair next to the bed and facing the wall moaning. R36 had stuffed animals on her dresser, but none with her.</p> <p>During observation on 4/2/24 from 8:40 a.m., R36 was in bed moaning and had a sheet covering her face. Her dolls and stuffed animals were located on her night stand. Nursing assistant (NA)-B took the sheet off R36's face, but did not provide any dolls.</p> <p>During observation on 4/2/24 At 8:44 a.m., NA-A and NA-E assisted in turning R36 to apply the sling for the mechanical lift and assisted R36 in getting up in the wheelchair and did not provide or offer to play country music during care.</p> <p>During observation on 4/2/24 at 9:11 a.m., R36 was in her wheelchair facing the wall and did not have her dolls and did not have any music on in her room.</p> <p>During observation on 4/2/24 at 11:08 a.m., R36 was sitting in her chair and facing the wall with no doll or stuffed animal near the resident.</p> <p>During observation on 4/2/24 at 2:20 p.m., R36 was heard moaning and was in bed with her eyes closed. R36 did not have her dolls next to her.</p> <p>During observation on 4/3/24 at 7:21 a.m., R36 was in bed and had pants on and a purple blanket covering her top half and did not have shoes or socks on. A radio was located on a nightstand in R36's room, but was not turned on.</p> <p>During observation on 4/3/24 between 7:31 a.m., and 7:43 a.m., NA-A assisted in donning R36's shirt. There was no music playing and NA-A stated R36 took her clothes off and put them over her face. NA-A further stated R36 could not move in bed. NA-A and NA-B assisted in getting R36 up but did not offer country music or dolls during cares. R36 had various stuffed animals including a deer, moose, kangaroo, mouse, bear, rabbit, duck and two dolls. At 7:43 a.m., NA-A assisted in brushing R36's teeth and at 7:48 a.m., gave R36 a doll.</p> <p>During observation on 4/3/24 at 8:06 a.m., R36 was in her room playing with her doll.</p> <p>During interview on 4/3/24 at 8:45 a.m., NA-A stated they looked to the care plans located on the back of the doors in resident's rooms to know what cares to provide. NA-A stated R36 required extensive assist with her activities of daily living (ADLs) and loved her dolls and listening to music. NA-A further stated they never played music for R36 and did not know there was a radio in R36's room and did not know if the radio in the room was R36's. NA-A further stated she did not think the radio belonged to R36 because it was located on R36's room mate's night stand and further stated you could tell the radio had not been used. NA-A further stated they needed to have a radio in R36's room in order to play music and added it would be good for R36 to have something to do due to the COVID outbreak.</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 04/04/2024
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 interview on 4/3/24 at 8:56 a.m., R27 stated the radio was her radio, but it did not work.</p> <p>During interview on 4/3/24 at 9:36 a.m., to 9:46 a.m., registered nurse (RN)-A stated staff looked to the care plan to know what cares a resident required and stated activities assist residents to various activities but were holding off on activities due to the outbreaks. At 9:43 a.m., RN-A verified there was a radio in R36's room and asked R27 whose radio it was and she replied it was hers. RN-A verified the care plan in the room indicated to offer country music while attempting to complete care or shower and expected the care plan to be followed and stated management may be able to get a radio. At 9:46 a.m., RN-A provided a copy of the care plan that was located behind R36's door.</p> <p>During interview on 4/3/24 at 9:53 a.m., the director of life enrichment (DOLE) stated they were not meeting in large groups but were completing 1 to 1 crafts. DOLE stated they documented on the paper and high lighted activities the resident went to and marked if a resident refused. DOLE provided R36's activities attendance calendars for January, February, and March 2024 and stated anything on the calendar that was highlighted meant the resident attended the activity. DOLE further stated they know what activities a resident prefers based on their initial assessment on admission under life enrichment assessment in the electronic medical record (EMR). DOLE stated R36 liked stories and being around people and had a baby doll which calmed her humming. DOLE further stated NA's didn't help with activities and life enrichment completed a preferences assessment annually. DOLE viewed R36's life enrichment assessment dated [DATE] that indicated R36 liked Elvis, was Lutheran, and liked cats. DOLE verified they had music entertainment come on 3/26/24 and R36 was marked in bed and also did not go to music entertainment on 3/12/24 and stated staff lay R36 down in the afternoons which may be why R36 missed afternoon activities and was mostly up for morning activities. DOLE verified R36's care plan indicated R36 did not like to take naps and verified music was very important and stated she would look for a radio for R36 and stated if R36 didn't like to take naps, could go to activities. DOLE stated it would be important to have music during lockdown and was something that could be provided.</p> <p>During interview on 4/3/24 at 11:30 a.m., the director of nursing (DON) stated RN-A spoke with her about getting a radio and stated she would look into R36 lying down because R36 was to be checked and changed and did not know if R36 requested to stay in bed. DON further stated R36 was not very verbal and pointed to things she wanted and expected staff provide a radio for R36 according to the care plan and with the outbreak it was important to have activities in rooms.</p> <p>A policy Communities Life Enrichment Planning and Implementing Programs, undated, indicated life enrichment programs were planned, implemented, and evaluated, based on each resident's life enrichment assessment, including preferences, lifestyle, habits, routines, and cultural and spiritual considerations. It is the responsibility of all facility staff, not just the life enrichment staff to ensure that each resident is able to participate in life enrichment programs of his or her choice. Facility staff shall work together to develop a schedule that accommodates both attendance at life enrichment programs, and the resident's other needs, such as medical, therapy, and ADL needs. Rescheduling of therapies, bathing, or other nursing and medical procedures shall occur as needed, to accommodate the resident's preferences for group, one to one, and independent, self directed activities. Accommodations the facility may need to provide include transporting residents who need assistance to and from activities, providing needed supplies such as books, magazines, music, craft projects etc.</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 04/04/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48299</p> <p>Based observation, interview, and record review, the facility failed to ensure food was labeled, dated, and stored to prevent foodborne illness. The facility failed to maintain clean vents over clean dishes. In addition, the facility failed to ensure dishware was cleaned and sanitized in a manner to reduce the risk of foodborne illness. This had potential to affect all residents and staff who eat from the main kitchen.</p> <p>Findings include:</p> <p>During observation and interview on [DATE] at 11:58 a.m., cook and chef supervisor (cook) stated he was cleaning out the refrigerator after the weekend. The refrigerator contained undated items which included a sandwich, Styrofoam container of soup, opened container of a cucumber salad, and bag of lettuce. Director of dining services (CD) confirmed the items were undated and from over the weekend. CD removed other undated items from the refrigerator described as chicken and pork from meals over the weekend. CD stated they keep leftovers for three days, and the lettuce was opened and used today. CD stated they were cleaning out items to rotate and get ready for new items, and the weekend staff were not as organized. CD stated leftovers and opened items should be dated. The refrigerator had salmon in a plastic bag labeled with R2's name and no date. CD confirmed the salmon was a resident's and undated and not supposed to be in the kitchen's refrigerator.</p> <p>During observation and interview on [DATE] at 12:24 p.m., dietary aid (DA)-B washed dishes with the dish machine which included pans for serving on steam table and food prepping equipment. DA-B stated she tested the dish machine with the test strips before completing breakfast, lunch, and dinner dishes. DA-B stated she had completed the test for lunch already and sanitizer level was recorded as 200. DA-B followed the levels according to the Dishmachine/PPM [parts per million] Temperature Log sheet and stated if the dish machine was out of range she would report to cook or CD. The adequate sanitizer range on the log was , d+[DATE] PPM. DA-B stated the color of the strip reflected the sanitizer level of the dish machine washer. DA-B grabbed the tube of strips with green colored indicators and ran the dish machine with the strip on the dish machine rack. The strip fell off the rack, and DA-B grabbed another strip and dipped it in the side area of the dish machine which filled with water and partially drained and filled as the dish machine ran. DA-B stated placing the test strip in the side area of the dish machine was another way to test the sanitizer level. The strip was not changing colors. There was another tube of purple colored indicators, and DA-B stated the two tubes of test strips were similar. DA-B ran a test strip through the dish machine again, and the strip fell again. A coffee pot and clear container used for juice went to the clean section to dry during observation and interview.</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 04/04/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During observation and interview on [DATE] at 12:40 p.m., Cook stated the test strips should be dipped in the excess water found on top of the dishes after the dish machine cycle. Cook grabbed a test strip from the tube with the purple colored indicators and dipped the test strip in excess water on a pan which ran through the dish machine cycles. The strip changed to a light purple color which indicated somewhere between 10 and 50 ppm (parts per million). Cook stated they just had someone out servicing the machine and had to replace some hoses of the dish machine. Cook pushed the pans to the clean section. The dishes were then removed from the dish machine rack to dry on the rack designated for drying dishes. Serving utensils were washed in the dish machine and cook moved the level labeled for the sanitizer. Cook tested water collected from the dishes ran through the dishwasher, and cook stated the levels showed closer to 10 ppm. Cook stated the sanitizer level in the dish machine were not as high as it should be, and the dishes were not properly sanitized. Cook stated if the dishes were silverware and plates then they would be washed again, but prep dishes and utensils used for cooking could keep going through the dish machine. Silverware and plates were not being used for residents because of the norovirus outbreak. DA-A continued to place items which ran through the dish machine on the designated shelf rack to dry.</p> <p>During observation and interview on [DATE] at 12:55 p.m., CD stated strips from the tube with the purple indicators were used to determine the sanitizer level of the dish machine and strips from the tube with the green colored indicators were used for the Ecolab quat sanitizer for the tables and floors. CD verified the [NAME] Chlorine test papers with code 4250-BJ and purple indicators showed an expiration of [DATE]. CD stated they would get more, and the test strips were probably good but may lose accuracy. CD threw away the expired test strips and showed another tube of test strips from [NAME] Machine Products (FMP) which they would use.</p> <p>Instructions from [NAME]'s chlorine test papers indicated to immerse one inch of test strip in solution. Remove immediately. Blot strip once on a paper towel to stabilize color. And then to compare strip to color chart. The color chart ranged from a light purple to dark purple labeled 10, 50, 100, and 200 ppm.</p> <p>The FMP chlorine test paper's color chart also ranged from a light to dark purple labeled 10, 50, 100, 200 ppm. Instructions included to use dry fingers to remove strip of paper from vial, dip strip into solution to be tested, without agitation and compare immediately with color chart on label. The time of test was one second.</p> <p>Instructions from [NAME]'s QAC (quaternary ammonium compounds) QR Test strips with code 2951 had a color chart ranged from a yellow-green to blue-green labeled 50, 100, 200, 400 ppm.</p> <p>During interview on [DATE] at 10:13 a.m., CD stated the dish machine was fixed by a repair representative so the sanitizer came out to appropriate levels.</p> <p>During observation and interview on [DATE] at 10:38 a.m., DA-C had the dishes almost all completed, and the document posted by the dish machine labeled Dishmachine/PPM Temperature Log had blanks for breakfast wash and rinse temperatures and sanitizer level for [DATE].</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 04/04/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During observation and interview on [DATE] at 10:43 a.m., culinary supervisor (CS) stated the dish machine is a chemical dish machine and the person washing dishes normally checked the temperature and levels with the test strips. CS stated the dish machine should be checked with breakfast, lunch, and dinner. [NAME] CS stated she got in at 9 a.m., and no documentation may mean no one had checked the dish machine today. Cook stated he had not checked the dish machine level, and the staff member completing the dishes should check the dish machine. CS checked the dish machine temperature when the dish machine ran and used the test strip from the tube with the purple indicators to check the chemical level after it ran. CS wrote 120 in for the breakfast wash temperature and stated she needed to check the chemical level again. CS stated the second check showed a ppm level between 10 and 50 and was too light in color and wrote 50 in for the breakfast sanitizer level. CS took the strainer and serving utensil from the dish machine and placed back into the dirty section of the dish washing station.</p> <p>During interview on [DATE] at 10:58 a.m., CD stated the representative to fix the sanitizer solution was out yesterday and did not check the sanitizer level.</p> <p>During observation and interview on [DATE] at 11 a.m., cook tested the chemical sanitization level and stated it was in between 10 and 50 ppm but closer to 50. Cook stated he was shown how to adjust the dish machine sanitizer level and opened the top cover of the dish machine to adjust the gauge so more sanitizer was coming out when the dish machine ran. Cook checked the sanitizer level and showed to 50 ppm where it needed to be. Cook stated they did not know if the pots and pans used and washed this morning were sanitized at the appropriate level if the sanitizer level was not checked and documented earlier.</p> <p>During observation on [DATE] at 9:09 a.m., air was noted from a small vent above clean silverware and a rack was nearby with items drying or dried. The gray and whitish fuzzy particles hung about a quarter of an inch or less on two of the shorter perimeters of the vent.</p> <p>During observation and interview on [DATE] at 9:11 a.m., CS stated staff checked for dates on food items and threw away items without dates. CS stated staff cleaned the kitchen all day and once a month cleaned the vents. CS had CA-D clean the large vent in the kitchen this week but usually did not clean the smaller vents above the area where the clean dishes came out of dish machine and dried. The larger vent in the central area of the kitchen looked clean. CS stated cold air came out of the smaller vent and dried the dishes, and they take a rag across the smaller vents once in a while. CS verified the smaller vent above the clean dish area looked dusty enough to be concerned of dust falling and asked DA-B to clean the vent with a rag once the clean dishes were put away. CS stated they had cleaning tasks hung on the refrigerators in the kitchen but no documentation of cleaning tasks.</p> <p>During observation and interview on [DATE] at 9:23 a.m., a sanitizer repair representative (rep) was testing the dish machine and sanitizer level. Rep showed the level was at 50 ppm and adequate. Rep stated on Tuesday he switched out the sanitizer hose because it was bad quality. Rep stated the sanitizer level was very low this morning but worked now. Rep stated every time they buy chemical sanitizer a new tube of test strips should come with it. Rep stated the test strips get hard and do not absorb the chemical as well when expired.</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 04/04/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During interview on [DATE] at 9:29 a.m., DA-B stated they keep leftover food for a couple days and items in refrigerators should be dated or thrown out if not dated. DA-B stated residents have unit refrigerators where their personal food should be kept. DA-B stated R2's friend brings in the salmon for her and knows it should not be kept in the kitchen refrigerators.</p> <p>Review of the Dishmachine/PPM Temperature Log from March and [DATE] showed sanitizer levels ranged from 125 to 300 and identified ,d+[DATE] ppm as the adequate sanitizer range.</p> <p>During interview on [DATE] at 10:53 a.m., DA-B stated the dish machine sanitizer level had not been too high. DA-B reviewed the March and April Dishmachine/PPM Temperature Log and stated the levels balanced out so had not notified anyone. DA-B reconfirmed she used the test strips from the tube with the green indicators for the dish machine chemical level and showed what level of green 200 ppm was.</p> <p>During interview on [DATE] at 11:08 a.m., CD stated cook worked on the dish machine [DATE] into [DATE], and they thought the dish machine worked after rep came out on [DATE]. CD stated they had not washed more dishes [DATE] until after rep came out and fixed the sanitizer [DATE], and they had a stack of pans which were drying and sent back through the dish machine after it worked properly. CD stated they were using paper products for the residents at this time and maybe a few dishes got through when the dish machine was not working properly earlier in the week. CD reviewed the Dishmachine/PPM Temperature Log and stated she thought it would be okay if the dish machine ran at a higher PPM and was unsure which level would indicate the chemical level of the dish machine was too high. CD stated they cleaned every single day and recently cleaned the vents on the ceiling. CD stated they cleaned the vents once a month but did not have documentation of cleaning. CD stated air from vents circulated through the kitchen and germs flow through. CD stated if they see dirty dishes, they do not use them and send them back to be cleaned and had not heard of concerns with dust on dishes. CD looked at the vent above the silverware and stated she would have someone clean the vent and stated the silverware below the vent were not being used and would be washed again before using.</p> <p>The facility provided dish machine manual was a parts manual and did not state chemical sanitization levels.</p> <p>The facility's Storage of Food and Supplies policy and procedures dated [DATE], indicated refrigerated products were rotated to the front, and new stock was placed in the cooler behind with label facing outward. The policy and procedure did not mention dating opened items or leftovers.</p> <p>The facility's The Use and Storage of Foods from Outside Sources policy and procedure dated [DATE], directed food items brought in from outside sources to be labeled with resident's name, content, date it was prepared if known, and a use by/discard date. Resident's perishable food will be kept in refrigeration units separate from the main facility kitchen food storage.</p> <p>The facility's Dish Sanitation policy and procedure dated [DATE], indicated they used a low temperature machine which required a sanitizer to be used and to check sanitizer at least twice each shift using the paper strips provided.</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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44651</p> <p>Based on observation, interview, and document review, the facility failed to implement transmission-based precautions (TBP) for 1 of 1 resident (R17) reviewed who had emesis and loose stools while there was an outbreak of confirmed rotavirus and norovirus cases (contagious viruses which causes vomiting and diarrhea and are spread through feces) in the facility, failed to implement TBP for 1 of 1 residents (R65) who had a history of MRSA (methicillin resistant staphylococcus aureus - a potentially dangerous type of staph bacteria that is resistant to certain antibiotics), and failed to implement enhanced-barrier precautions for 2 of 2 residents (R385, R53) and failed to ensure proper handling of linens observed for infection prevention practices.</p> <p>Findings include:</p> <p>During observation on 4/1/24 at 11:45 a.m., bright pink signs were observed on the front doors to the building which identified the facility had an outbreak of norovirus, rotavirus, and Covid-19. Additional signs were posted on hallway doors throughout the building.</p> <p>On 4/1/24 at 6:04 p.m., the facility provided a list of residents with current infections which included:</p> <p>3 residents with confirmed Rotavirus</p> <p>3 residents with suspected GI illnesses</p> <p>1 resident with confirmed Norovirus</p> <p>1 resident with clostridium difficile (C-diff- a bacteria which causes a TBP infection in the colon resulting in diarrhea)</p> <p>6 residents with ESBL in urine (Extended -Spectrum Beta-Lactamase - an antibiotic resistant bacteria)</p> <p>1 resident with MRSA in urine</p> <p>3 residents with MRSA or VRE (other than GI or urine) (VRE- Vancomycin resistant enterococcus - an antibiotic -resistant bacteria)</p> <p>R17</p> <p>R17's quarterly Minimum Data Set (MDS) dated [DATE], included R17 was moderately cognitively impaired, had diagnoses of kidney failure and dementia, was independent with transfers to and from the toilet, required setup for walking, and did not use a wheelchair for mobility. R17 was occasionally incontinent of urine and frequently incontinent of bowel.</p> <p>R17's care plan dated 11/7/23, indicated they ambulated with setup assistance and a walker, and directed staff to toilet upon arising, before and after meals, before bedtime, and at night as needed.</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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R17's progress note dated 4/1/24 at 10:03 a.m., indicated R17 had an emesis while on the patio, the provider was notified, and there were no new orders.</p> <p>During observation on 4/1/24 at 1:10 p.m., R17 was seated on the toilet in their bathroom projectile vomiting very large amounts of liquid which began flowing out the bathroom door and into the room entrance area. R17's clothing was soiled with emesis and their spouse was in the bathroom attempting to assist them. R17's roommate ambulated with their walker to the bathroom to check on R17.</p> <p>At 1:29 p.m., nursing assistant (NA)-C was wearing gloves, and mask, and eye protection was helping R17 change clothes and get cleaned up in the bathroom. There was no personal protective equipment (PPE) cart or signage on R17's door identifying transmission-based precautions and NA-C was not wearing a protective gown.</p> <p>At 1:30 p.m. another aide stopped at R17's room to offer a snack, at which time NA-C exited R17's room carrying a garbage bag containing R17's soiled clothing items without gloves. NA-C told the other aide R17 had loose stool and was throwing up and would likely not want a snack. The vitals machine was sitting in the hallway outside of the room.</p> <p>At 1:32 p.m., R17 was seated on their bed on the far side of the room next to the window. Registered nurse (RN)-E entered R17's room with the vitals machine, donned gloves, and took R17's vital signs. RN-A was not wearing a gown.</p> <p>During observation at 1:38 p.m., RN-E left R17's room with the vitals machine and performed hand hygiene. The bathroom floor had remnants of debris in several areas, the wall next to the toilet had numerous striped trails of liquid residue from approximately 2 feet from the ground to the floor, the toilet seat and the interior of the bowl were speckled with hundreds of flecks of brown matter, and a brown smear was present on the top left side of the toilet seat.</p> <p>During interview on 4/1/24 at 2:16 p.m. NA-C stated a nurse told them about R17's vomiting and diarrhea earlier that morning and again a second time around 1:00 p.m. They stated they wiped up the floor with towels and then let housekeeping know so they could sanitize the bathroom, however they had not yet seen housekeeping. NA-C confirmed they did not wear a gown to assist with cleaning up R17 and did not think they got anything on their clothes, however, they needed to wash their shoes with bleach to remove contamination. NA-C identified both R17 and their roommate ambulated and toileted independently and used the same bathroom.</p> <p>During observation on 4/1/24 at 2:26 p.m., NA-C went to the nurse's station to ask staff if anyone called housekeeping to clean R17's bathroom. Another staff person stated they had not seen them and would contact them.</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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During interview on 4/1/24 at 2:26 p.m., RN-E stated R17 vomited on the patio that morning but did not have loose stools at that time. They stated the director of nursing (DON) and the infection preventionist (IP) brought R17 back into the facility and R17 was assessed. RN-E stated R17's vital signs were elevated at that time. RN-E updated the provider, but the provider had not yet returned the call. RN-E wanted to get a stool sample from R17 because norovirus and other GI issues were going around, however the aide had already cleaned R17 up. They stated emesis was all over the bathroom floor and into the room entrance area, and it was difficult to find room for the vitals machine. They stated they used nursing judgement when deciding to obtain a stool sample and/or place a resident on precautions, but they were not sure about the facility protocols as they worked for an agency. RN-E stated any of the staff could have called housekeeping to have them come and clean the bathroom, but usually the aides did it. RN-E verified the soiled state of the bathroom floor, toilet, and wall as previously described, and stated it was a big concern which needed to be escalated to the infection preventionist (IP).</p> <p>During interview on 4/1/24 at 2:38 p.m., IP stated the current outbreak started on 3/29/24, when a group of people began having loose stools. They had a standing order to collect a stool sample if a resident had three or more loose stools, so they collected samples. Three residents tested positive for rotavirus, one tested positive for norovirus, and another tested positive for c-diff earlier that morning. IP stated if any additional residents had a loose stool, they planned to send a sample for testing. IP stated they were told R17 had an emesis in the morning, but they were not aware they had loose stools at that time. They were informed about the more recent emesis, and they should probably put precautions up until they received results back in case it was rotavirus, norovirus, or c-diff, however no sample had gone out yet. IP stated staff should wear a gown to assist residents in cleaning up any emesis or diarrhea to protect themselves and other residents from bodily fluids and IP would follow up with the staff. IP indicated nursing staff cleaned up body fluids using towels or a mop and should use bleach wipes to clean each surface if there is suspected c-diff or norovirus, and then housekeeping came afterward to sanitize the rest of the bathroom, however housekeeping did not clean bodily fluids. IP stated they needed to educate staff regarding the cleaning process, and even after it was cleaned it was not safe for both R17 and their roommate to use the same bathroom and they would provide a commode for one of them.</p> <p>During observation on 4/1/24 at 6:33 p.m., R17's roommate had a commode available in their room. The bathroom toilet was still soiled as previously described. R17's spouse was still present in the room as they had been throughout the day. A contact precautions sign was on the door and a PPE cart was in the hallway.</p> <p>During observation on 4/1/24 at 6:40 p.m., R17's spouse came to the nurse in the hallway and informed them R17 threw up again.</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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During interview outside of R17's room on 4/1/24 at 6:46 p.m., DON stated the provider ordered testing for norovirus and c-diff for R17, however, they decided to send R17 to the hospital due to the risk of dehydration. At 6:51 p.m. RN-G was wearing a gown and gloves as they assessed R17's vital signs in preparation for transport to the hospital. RN-G removed their used gown and gloves and handed them to R17's spouse who was in the bathroom and requested the spouse place them in the garbage. The spouse was not wearing gloves. DON intervened and asked RN-G to request R17's spouse to wash their hands. When asked about sharing the bathroom with a roommate, DON stated if there was a not another room available, they provided a commode for the resident who was not affected so they were not sharing a bathroom. DON indicated R17's roommate in the first bed was independent with toileting and could pull the curtain when privacy was needed, however was unsure how the roommate would wash their hands or brush their teeth without use of the bathroom unless they went across the hall to the communal bathroom or used wipes. In addition, DON indicated R17's spouse visited R17 in their room from mid-morning until after dinner every day and confirmed it would be difficult for R17's roommate to get the privacy they needed to use the commode in that situation. DON confirmed the aide should have worn a gown when assisting R17 after the emesis and diarrhea, and nursing staff should have cleaned up the bodily fluids with towels or a mop and then called housekeeping to sanitize the bathroom right afterward. They stated they were present when the supervisor told housekeeping staff to clean R17's bathroom and housekeeping immediately went to clean it. DON then walked across the hallway, observed R17's bathroom, and verified it had not been cleaned and was still spattered with brown matter.</p> <p>R17's progress note dated 4/1/24 at 7:00 p.m. indicated R17 had emesis during the evening and was sent to the hospital at approximately 7:20 p.m.</p> <p>R17's progress note dated 4/1/24 at 10:54 p.m. indicated R17 had two emesis and loose stools between 3:00 p.m., and 4:00 p.m., was given clear liquids, and was not keeping anything down. The provider gave orders to send R17 to the hospital for further evaluation.</p> <p>A progress note dated 4/2/24 at 1:59 a.m., indicated R17 returned from the hospital at 1:00 a.m. with an order for an anti-emetic and did not have vomiting or loose stools at that time.</p> <p>During interview on 4/2/24 at 9:00 a.m., R17 stated they went to the hospital the previous night due to vomiting and diarrhea, but they gave them some medication and they were feeling better. They stated the hospital tested for Covid-19 and influenza and took some blood samples, but they did not take a stool sample. R17's roommate was moved to a different room as of 4/2/24.</p> <p>During interview on 4/3/24 at 1:08 p.m., DON stated they sent stool samples per provider orders, however they were unable to send one for R17 as ordered since they ran out of specimen containers and the shipment had not yet been delivered as planned so they went to pick some up that morning. They stated R17 was not yet tested for c-diff or norovirus in the hospital.</p> <p>R65</p> <p>R65's admission Minimum Data Set (MDS) dated [DATE], included R65 was cognitively intact, used an indwelling foley catheter, and had a diagnosis of urinary tract infection (UTI) in the previous 30 days.</p> <p>R65's Crest View Lutheran Home Admission Information dated 1/22/24, included R65 had diagnoses of UTI, chronic ulcer of left ankle, and MRSA.</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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The hospital Admission History and Physical dated 1/18/24, included R65 was admitted for severe sepsis, recurrent UTIs, and recommended possible infectious disease consultation.</p> <p>A progress notes dated 2/14/24, indicated R65 was send to the hospital for evaluation of left lower leg circulation related to peripheral vascular disease (restricted blood flow). A progress note dated 2/21/24, indicated R65 returned to the facility after having a left below the knee amputation (BKA).</p> <p>R65's care plan dated 1/23/24, included R65 used a foley catheter and instructed staff to complete catheter care per orders and document output every shift.</p> <p>R65's electronic medical record header reviewed 4/1/24, included R65 was on contact precautions due to MRSA.</p> <p>R65's Order Summary Report dated 4/3/24, included change left stump dressing daily starting 3/5/24, provide foley catheter cares every shift, document foley catheter output every shift, and resident may be placed in isolation precautions (standard, contact, droplet, airborne) per facility infection control policy.</p> <p>During observation and interview on 4/1/24 at 12:47 p.m., R65 stated he used a foley catheter, had seven or eight urinary tract infections in the past, and used a leg bag during the day and a larger bag at night. A leg bag was visible attached to R65's right lower leg and a larger foley bag was in the bathroom in a plastic bag hanging from a grab bar. No TBP signs or PPE supplies were in or outside the room.</p> <p>During observation on 4/2/24 at 8:43 a.m., 12:49 p.m., and 2:15 p.m., there was no TBP sign on R65's door or PPE cart outside the room.</p> <p>On 4/3/24 at 8:07 a.m., there was no TBP sign on R65's door or PPE cart outside the room.</p> <p>During observation on 4/03/24 at 9:23 a.m., R65 was lying in bed with a catheter bag hanging on the side of the bed frame.</p> <p>During observation and interview on 4/3/24 at 9:38 a.m., NA-D stated R65 was not on any transmission-based precautions since there was no sign on the door and no PPE cart outside the room. NA-D performed hand hygiene, donned gloves, removed R65's catheter bag, cleaned the port on the leg bag with an alcohol wipe, and connected the leg bag to R65's catheter. NA-D was not wearing a protective gown.</p> <p>R385</p> <p>R385's admission MDS dated [DATE], indicated they were moderately cognitively impaired, had diagnoses of depression and malnutrition, and did not use a urinary catheter.</p> <p>R385's care plan dated 4/1/24, included R385 used an indwelling catheter and instructed staff to change and provide cares per orders.</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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R385's Order Summary Report dated 4/3/24, included foley catheter care and document foley catheter output every shift.</p> <p>During observation on 4/1/24 at 2:02 p.m., and 5:58 p.m., R385 was lying in bed and a foley catheter bag hung from the bed frame. There was no PPE cart outside of the room or precaution sign on R385's door.</p> <p>During observation on 4/2/24 at 3:25 p.m. there was no PPE cart outside of the room or precaution sign on R385's door.</p> <p>During observation on 4/3/24 at 7:14 a.m., there was no PPE cart outside of the room or precaution sign on R385's door.</p> <p>During observation and interview on 4/3/24 at 9:13 a.m., NA-C and NA-D were providing cares to R385. NA-D stated aides completed catheter cares, changed the drainage bags, and emptied the urine from resident catheters. NA-C performed hand hygiene, donned gloves, obtained the urinal from the bathroom, emptied the catheter bag into the urinal, sanitized the spout with an alcohol wipe, and secured the spout. Neither NA-C nor NA-D wore a protective gown during catheter cares. Both aides indicated they only wore them when a resident had an infection.</p> <p>During interview on 4/3/24 at 12:23 p.m., IP stated residents were assessed prior to admission and TBP signs and a PPE cart were place outside of the resident's door upon their arrival to the facility as needed for those with MRSA and other drug resistant organisms. IP reviewed R65's medical record and was not sure if the MRSA was in their wounds related to the PVD (peripheral vascular disease) and/or subsequent amputation or if it was catheter related, however R65 should have been on contact precautions to ensure MRSA was not spread to other residents. IP stated they knew the enhanced barrier precautions, including gowns, were required during close contact situations for residents with indwelling devices and wounds started on 4/1/24, however the staff had not been educated and the policy procedures were not yet developed or implemented, therefore R65 and R385 had not yet been placed on enhanced barrier precautions.</p> <p>During interview on 4/3/24 at 1:08 p.m. DON stated the facility was in the process of discussing the implementation of enhanced barrier precautions to reduce the risk of spread of infections, and residents with MRSA or other antibiotic-resistant organisms should be on appropriate transmission-based precautions.</p> <p>The Crest View Lutheran Home Transmission Based Precautions Policy dated 1/2022, indicated transmission-Based Precautions are for patients who are known or suspected to be infected or colonized with infectious agents, including certain epidemiologically important pathogens, which require additional control measures to effectively prevent transmission. Contact Precautions were defined as direct or indirect contact with a patient and/or his or her environment including person's room or objects in contact with the person, that has an infection with an organism transmitted fecal-orally, such as Clostridium difficile, or wound and skin infections, or multi-drug resistant bacteria such as methicillin-resistant Staphylococcus aureus (MRSA). Contact precautions require the use of PPE such as disposable gowns, gloves, and masks when exposure to a patient's body fluids is anticipated. Residents on Transmission-based-Precautions will have a sign outside their room stating what type of precautions they are on and an isolation bin outside their room stocked with appropriate PPE. The sign outside of the resident's room will direct you on what PPE should be used for that specific precaution.</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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>46885</p> <p>R53's quarterly Minimum Data Set (MDS) dated [DATE], indicated intact cognition, had verbal behaviors, did not reject care, required partial to moderate assist with most activities of daily living (ADLs), did not have skin or ulcer treatments.</p> <p>R53's Medical Diagnosis form indicated the following diagnoses: type two diabetes mellitus, chronic viral hepatitis C.</p> <p>R53's physician orders indicated the following orders:</p> <p>3/27/24, diabetic wound right dorsal 5th toe apply skin prep every day shift for wound care.</p> <p>4/3/24, diabetic wound to right medial foot cleanse with VASHE (wound cleanser), apply Santyl (removes dead tissue) to wound bed, then apply calcium alginate (an absorptive dressing), cut to fit wound, skin prep to peri wound, apply ABD, wrap with kerlix, secure with tape every day shift for wound.</p> <p>R53's orders lacked evidence R53 was on enhanced barrier precautions.</p> <p>R53's medication administration record (MAR) and treatment administration record (TAR) dated April 2024, was reviewed and lacked evidence R53 was on enhanced barrier precautions.</p> <p>R53's care plan dated 3/29/23, indicated R53 required assist with dressing and undressing, oral cares, showering, and grooming. The care plan lacked information R53 was on enhanced barrier precautions.</p> <p>R53's care plan dated 4/2/24, indicated R53 had several wounds including a diabetic wound to the right medial foot, skin tears to the left and right upper and lower shins, diabetic wound to the left 2nd toe, and the right 5th toe with interventions to apply skin prep every day to the left foot 2nd toe, and right foot 5th toe. Diabetic wound right medial foot included cleansing with VASHE, pat dry, apply Santyl to the wound bed, then apply calcium alginate. Cut to fit the wound, skin prep to peri wound apply ABD, wrap with kerlix, secure with tape every day. The care plan lacked information R53 was on enhanced barrier precautions.</p> <p>During interview and observation on 4/1/24 between 1:41 p.m., and 1:51 p.m., R53 had a dressing on the right foot with a golf ball sized reddish brown discoloration on the dressing on the right lateral inner foot. R53 stated the discoloration was blood. There was no sign located outside R53's room indicating R53 was on enhanced barrier precautions.</p> <p>During interview and observation on 4/2/24 at 2:42 p.m., the infection preventionist (IP) assisted in changing R53's dressings and had gloves and a gown donned. There was no sign on the door indicating R53 was on any kind of precautions and stated R53 was not on precautions and were working on a policy for enhanced barrier precautions and stated requirements for enhanced barrier precautions went into effect on 4/1/24, and had not completed education with staff, but planned to complete as soon as possible and stated once they completed education and got the enhanced barrier precautions signs out, she expected staff to have the gowns.</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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During interview on 4/4/24 at 9:39 a.m., the director of nursing (DON) stated they found out about the requirement for enhanced barrier precautions on 4/1/24 and hadn't had a chance to look at anything and stated they needed to get isolation carts.</p> <p>On 4/4/24, at 12:58 p.m., the DON emailed a policy, dated 4/2024, Enhanced Barrier Precautions (EBP), that indicated enhanced barrier precautions would be used for residents with indwelling medical devices, wounds, or those colonized by or infected with a multidrug resistant organism (MDRO). EPB are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care. Staff will gather all supplies and materials before entering an enhanced barrier precaution room.</p> <p>During observation between 4/3/24 at 2:19 p.m., and 2:23 p.m., the laundry aide (LA)-D was going down the hallway and delivered personal linens to residents. The clean personal items were uncovered. At 2:23 p.m., LA-D hung a t shirt on the outside doorknob for R75's room. A sign was located on the door indicating contact and droplet precautions. At 2:23 p.m., LA-D moved the laundry cart outside the double doors.</p> <p>During interview on 4/3/24, at 2:34 p.m., LA-D stated she started in September 2023, as a laundry aid and stated she did not know if personal clothes should be covered and stated she had never seen clean personal clothing covered and verified she placed a t-shirt on R75's room on the outside doorknob and stated if a resident had something that was very contagious, clothes were hung outside the resident's room on the door knob and staff would bring it in and further stated she did not want to spread infection.</p> <p>During interview on 4/4/24 at 9:05 a.m., the assistant director of nursing (ADON) stated the clean clothing cart is typically not covered and would have to check whether or not it should be covered and further stated it would be important to keep covered due to germs and stated the housekeeper should not place clothing on the door knobs outside doors for residents with contact and droplet precautions, the clothing should be brought into the rooms.</p> <p>During interview on 4/4/24 at 9:39 a.m., the director of nursing (DON) stated the linen cart should be covered and clothing should not be on the door due to infection control reasons and due to an outbreak.</p> <p>A policy, Laundry-General Handling 7/16/2018, indicated staff were required to be educated in and to follow established infection control practices. The policy lacked information on how clean linens were handled and distributed to the residents.</p>		