

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER The Terrace at Crystal LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3245 Vera Cruz Avenue North Crystal, MN 55422	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48300</p> <p>Based on observation, interview, and document review, the facility failed to ensure side rails were comprehensively assessed to determine if they were appropriate and safe, discuss the risks and benefits, and obtain informed consent prior to use of bed rails for 1 of 3 residents (R1) who was observed to have side rails raised on their bed.</p> <p>Findings include:</p> <p>R1's admission minimum data set (MDS) dated [DATE] indicated moderately impaired cognition. R1 required maximum assistance from staff for bed mobility and was dependent on staff for transfers. R1's diagnoses included right humerus (longest bone in the upper arm) fracture.</p> <p>R1's care plan dated 2/26/25 indicated R1 required extensive assistance of two staff members to turn and reposition in bed and assistance of two staff members with a mechanical standing lift for transfers. R1's care plan lacked information about bed rails.</p> <p>R1's electronic medical record (EMR) lacked evidence a side rail assessment had been completed to determine necessity, and whether R1 could safely use side rails. Additionally, R1's EMR lacked evidence the resident or representative was educated on the risk of having a side rail on the bed, and/or a consent form was completed.</p> <p>On 3/7/2025 at 11:09 a.m., R1 was observed seated in her wheelchair in her room. Her bed had raised bilateral quarter siderails. R1 was interviewed and stated she did not remember anyone asked her if she wanted to use the side rails or went over the risks of having side rails on the bed.</p> <p>On 3/7/2025 at 3:30 p.m., family member (FM)-A was interviewed and stated she was R1's power of attorney (POA) for healthcare (legal decision maker). FM-A stated she had requested the side rails be applied to R1's bed so R1 did not roll out of bed. FM-A stated she did not remember anyone from the facility going over the risks of using the side rails.</p> <p>On 3/10/2025 at 12:29 p.m., licensed practical nurse (LPN)-A was interviewed and stated if a resident requested to use side rails, the nurse would contact therapy. LPN-A was unsure who was responsible for completing an assessment on the resident for side rail use.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/10/2025 at 2:50 p.m., director of nursing (DON) was interviewed and stated therapy would let the nurse know when a resident needs side rails on their bed. The nurse should complete the bed rail/assist bar evaluation prior to application of bed rails on the resident's bed. DON confirmed R1's bed had raised side rails and R1's EMR lacked a bed rail evaluation.</p> <p>The Bed Safety and Bed Rails policy dated August 2022 instructed the use of bed rails is prohibited unless the criteria for use of bed rails have been met, including attempts to use alternatives, interdisciplinary evaluation, resident assessment, and informed consent.</p>		