

| | | | |
|--|--|---|--|
| 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 06/27/2025 |
| 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 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>Based on observation, interview, and record review the facility failed to complete a comprehensive assessment for self-administration of medication for 1 of 1 resident (R2) reviewed for self-administration of medications. Findings include R2's face sheet dated 6/26/25, identified diagnoses of chronic respiratory failure with hypoxia (body cannot adequately exchange gases, leading to deficiency of oxygen in the tissues). R2's physician orders dated 6/16/25, identified albuterol hydrofluoroalkane (HFA) 90 micrograms (mcg)/actuation inhaler for acute hypercapnic respiratory failure. Directions included to inhale 2-4 puffs by mouth every two hours as needed for shortness of breath or wheezing. R2's medication administration record (MAR) dated 6/2025 identified, albuterol sulfate HFA 90 mcg/actuation aerosol solution. Give two puffs by mouth every two hours for acute hypercapnic respiratory failure. Inhale 2-4 puffs by mouth beginning 6/16/25. The hours marked on the MAR identified 12:00 a.m., 2:00 a.m., 4:00 a.m., 5:45 a.m., 8:00 a.m., 10:00 a.m., 12:00 p.m., 1:45 p.m., 4:00 p.m., 6:00 p.m., 8:00 p.m., and 9:45 p.m. as the times for administration. Administrations from 6/16/25-6/26/25, all times were signed. During an observation and interview on 6/26/25 at 12:22 p.m., R2 was lying in bed with his bedside table adjacent to the bed, with an inhaler, generic nystatin powder, and a nebulizer machine, along with personal belongings on the table. R2 stated it there were always hiccups to medication administration time. R2 picked up the inhaler from the table, put it to his mouth, and took two puffs off it. R2 stated he used the inhaler for shortness of breath and the staff gave him clearance to use it alone. The inhaler was albuterol sulfate. R2's care plan did not identify self-administration of medications or that they could be left at bedside. Request made for self-administration of medications assessment and not received. During an interview on 6/26/25 at 12:34 p.m., licensed practical nurse (LPN)-A stated a doctor's order would be needed and the resident would have to be watched to ensure they can administer medications safely for a resident to have medications left at bedside. LPN-A went to R2's room and acknowledged the albuterol inhaler was on his bedside table, along with a nasal spray, nystatin powder, and the nebulizer machine. LPN-A stated those medications should not be kept on the bedside table even if R2 had a self-administration of medication order. During an interview on 6/26/25 at 12:52 p.m., LPN-C, also known as the unit manager, stated there was not an order for R2 to keep medications at bedside and no assessments to self-administer medications had been completed. During an interview on 6/27/25 at 1:43 p.m., director of nursing (DON) stated it was the expectation that staff complete the proper assessments for self-administration of medications and have a doctor's order before letting residents take medications on their own. The Self-Administration of Medications policy dated 1/2023, identified residents have the right to self-administer medications if the interdisciplinary team (IDT) assess each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident. If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan. Self-administered medications are stored in a safe and secure place, which is not accessible by other residents.</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 |
|---|-------|-----------|