

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 01/21/2026
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to accurately document a weekly bath and a current head to toe skin assessment for 2 of 3 residents (R1 and R3) reviewed when R1 had several bruises and scratches upon discharge from the facility. The facility only documented one weekly skin assessment form during his three-week stay, along with R3 who had two skin assessments completed from 11/1/25 through 1/21/26. Findings include: R1's treatment administration record (TAR) dated 12/1/25 through 12/31/25, indicated R1 was admitted on [DATE]. The weekly skin assessment was started on 12/25/25, nine days after admission. The nurse to complete a skin assessment and document their findings on the weekly skin assessment form under the assessment tab. R1's care plan dated 12/16/25, indicated he had a risk for skin breakdown. Interventions included, keeping his fingernails short to prevent scratching, provide pressure relieving devices on his bed and wheelchair. In addition, staff would prevent him from hitting his extremities against hard surfaces. R1 needed extensive assistance for one staff to complete hygiene. His bath was scheduled every Thursday. R1's treatment record (TAR) dated 12/17/25, indicated he had a dressing order for an abrasion on his upper and lower extremities, back, elbows and right knee. Apply dressing after cleaning the wounds every Monday, Wednesday, and Friday. R1's weekly skin assessment dated [DATE], was the only documented weekly skin assessment found in the facility's electronic medical record. Assessment indicated he had a shower, and no skin issues were observed. R1's admission Minimum Data Set (MDS) dated [DATE], indicated he had no behaviors, severe cognitive impairment and he was unable to communicate. He required staff to set up his meals, substantial assistance from two staff to toilet, shower, dress, and transfer. He used a wheelchair, or staff held his hand while walking. He had a high risk for skin breakdown. His medical conditions led to muscle wasting and atrophy. He suffered from bipolar, mania, obesity, Parkinson's vascular dementia, foley catheter with chronic infection, respiratory failure, and had a moderate intellectual disability. R1's TAR dated 1/1/26 through 1/31/26, indicated staff acknowledge the weekly skin assessment to be completed on 1/1/26 and 1/8/26. There was no associated documentation to indicate type of bath, and whether he had any skin breakdown. R3's care plan dated 11/15/25, indicated she required help from two staff members to bathe, dress, and toilet. She had a foley catheter and was incontinent of bowel. R3's documented weekly skin assessment from 11/15/25 through 1/21/26, indicated she only had two skin assessments completed on 12/19/25 and 1/11/26. R3's TAR weekly skin assessment dated [DATE] through 1/16/26, indicated a bath was scheduled on 1/2/26, 1/8/26, and 1/16/26. R3's face sheet dated 1/21/26, indicated she was morbidly obese, had a surgical wound, anxiety, post-traumatic stress disorder, and Fournier disease (when soft skin was eaten away) affecting her vaginal and vulva areas. When interviewed on 1/21/26 at 11:15 a.m., registered nurse (RN)-A stated she was a new employee. She said during orientation she learned all residents were scheduled a bath/shower once a week. Additional baths were available as needed. During the</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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