

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 01/30/2026
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to comprehensively assess pain and failed to offer or attempt non-pharmacological pain interventions prior to the administration of as-needed (PRN) pain medications for 2 of 3 residents (R1, R3) reviewed for pain Findings include: R1's admission minimum data set (MDS) dated [DATE] indicated severely impaired cognition. The MDS further indicated R1 utilized scheduled and prn pain medications for frequent pain that interfered with day-to-day activities. R1's diagnoses list dated 1/29/26 included cellulitis (skin infection) of right leg, type 2 diabetes, and chronic pain syndrome. R1's care plan dated 1/20/26 included a focus of acute/chronic pain with interventions including non-pharmacological pain interventions of ice, heated blankets, massage, repositioning, music, essential oils, food/drink, and relaxation breathing. R1's provider order dated 1/15/26 instructed acetaminophen (a pain-relieving medication) 500 milligram (mg) tablet give 1 tablet every 6 hours for pain. R1's medication administration record (MAR) for January 2026 indicated R1 received acetaminophen the following time:- 1/20/26 at 12:08 a.m., R1 received PRN acetaminophen which was recorded as E [effective]. A corresponding progress note dated 1/20/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration. R1's provider order dated 1/14/26 instructed oxycodone (a narcotic pain-relieving medication) oral tablet. Give 5mg by mouth as needed for acute left ankle pain once daily. R1's MAR for January 2026 indicated R1 received oxycodone the following 10 times:- 1/15/26 at 11:36 p.m., R1 received PRN acetaminophen which was recorded as E [effective]. A corresponding progress note dated 1/15/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.- 1/17/26 at 8:57 a.m., R1 received PRN acetaminophen which was recorded as E [effective]. A corresponding progress note dated 1/17/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.- 1/18/26 at 7:25 p.m., R1 received PRN acetaminophen which was recorded as E [effective]. A corresponding progress note dated 1/18/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.- 1/19/26 at 6:50 a.m., R1 received PRN acetaminophen which was recorded as E [effective]. A corresponding progress note dated 1/19/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.- 1/20/26 at 7:38 p.m., R1 received PRN acetaminophen which was recorded as E [effective]. A corresponding progress note dated 1/20/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.- 1/21/26 at 10:05 a.m., R1 received PRN acetaminophen which was recorded as E [effective]. A corresponding progress note dated 1/21/26</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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>reduce the pain without the need for medication or might lower the pain level so the resident would be less reliant on the narcotic pain medication. During an interview on 1/30/26 at 4:16 p.m., director of nursing (DON) stated non-pharmacological interventions should be offered prior to PRN medication administration and documented in a progress note. DON confirmed R1 and R3's medical records for January 2026 did not contain non-pharmacological interventions offered/refused prior to every PRN medication administration. The Pain Assessment and Management policy dated March 2020 indicated the pain management program was based on a facility-wide commitment to appropriate assessments and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management. Non-pharmacological interventions may be appropriate alone or in conjunction with medications. Some non-pharmacological interventions include: a. Environmental adjusting the room temperature, smoothing the linens, providing a pressure-reducing mattress, repositioning, etc.; b. Physical - ice packs, cool or warm compresses, baths, transcutaneous electrical nerve stimulation (TENS), massage, acupuncture, etc.; c. Exercise range of motion exercises to prevent muscle stiffness and contractures; and d. Cognitive or Behavioral - relaxation, music, diversions, activities, etc.</p>