



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
March 16, 2021

Administrator
Crest View Lutheran Home
4444 Reservoir Boulevard Northeast
Columbia Heights, MN 55421

RE: CCN: 245018
Cycle Start Date: February 4, 2021

Dear Administrator:

On March 16, 2021, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 19, 2021

Administrator
Crest View Lutheran Home
4444 Reservoir Boulevard Northeast
Columbia Heights, MN 55421

RE: CCN: 245018
Cycle Start Date: February 4, 2021

Dear Administrator:

On February 4, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" tag), i.e., the plan of correction should be directed to:

**Terri Ament, Unit Supervisor
Duluth District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720**

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by May 4, 2021 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

Crest View Lutheran Home

February 19, 2021

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In addition, if substantial compliance with the regulations is not verified by August 4, 2021 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:
https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:
https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.
Feel free to contact me if you have questions.

Sincerely,



Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2021
FORM APPROVED
OMB NO. 0938-0391

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 C 02/04/2021
NAME OF PROVIDER OR SUPPLIER CREST VIEW LUTHERAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4444 RESERVOIR BOULEVARD NORTHEAST COLUMBIA HEIGHTS, MN 55421		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS On 2/3/21, through 2/4/21, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found NOT to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5018150C. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 626 SS=D	Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2) §483.15(e)(1) Permitting residents to return to facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following. (i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-	F 626		3/15/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/01/2021

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.

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F 626	<p>Continued From page 1</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</p> <p>(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>§483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to re-admit a hospitalized resident, who was ready for discharge, for 1 of 3 residents (R1) reviewed for discharge rights.</p> <p>Findings include:</p> <p>R1's Admission Record dated 2/4/21, indicated R1's diagnoses included adult failure to thrive and schizophrenia. R1's Admission Record lacked indication of a Power of Attorney.</p> <p>R1's discharge Minimum Data Set (MDS) dated 1/24/21, indicated R1 had a short-term memory problem, but R1's long-term memory was OK.</p>	F 626	<p>It is the Policy of Crest View Lutheran Home for a resident or responsible party to elect to reserve a resident's bed for up to 18 days while he or she is hospitalized.</p> <p>Resident R1 agreed to a verbal bed hold on 1/24/21. On 2/11/21 resident R1 was admitted back to the facility from the hospital per the bed hold agreement. Resident R1 had 18 bed hold days.</p> <p>Social Services will be checking residents' charts for residents who transfer to the hospital for bed hold consents. If there is not one in the resident chart, social</p>		

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F 626	Continued From page 2 R1's care plan dated 1/20/21, indicated R1 was a vulnerable adult related to compromised health, decline in independence, age, and diagnoses. A progress note dated 1/24/21, at 8:50 a.m. indicated at 3:35 a.m. there was a "burnt" smell in R1's room. R1 was found with a lighter in his hands. R1 stated he used the lighter to open a cup of pudding because his hands hurt. R1 "refused" to turn over the lighter, and was noted to have a history smoking in his room and hallway. A progress note dated 1/24/21, at 9:59 a.m. indicated an order to send R1 to the hospital was requested. A progress note dated 1/24/21, at 11:10 a.m. indicated police and emergency medical services (EMS) arrived at the facility at 10:25 a.m. R1 initially refused to go to the hospital, but was convinced to go "calmly" if he was allowed to smoke first. R1 was transported to the hospital 11:00 a.m. A Bed Hold document dated 1/24/21, indicated, "Verbal consent given by resident to hold bed." The document was signed by licensed practical nurse (LPN)-A on 1/24/21. An email dated 1/25/21, at 11:47 a.m. indicated the director of nursing (DON) informed the interim administrator and health unit coordinator (HUC)-A that psychology was admitting R1 and "he told the transport he did not want to come back to us." At 11:48 a.m. HUC-A questioned who R1 spoke to, and asked if the conversation was documented. At 11:57 a.m. the DON responded, "I don't know,"	F 626	services will be following up with the resident or resident representative to see if they would like their bed held. Nurses, HUCs, and management staff will be reeducated on Tuesday, March 2nd, 2021. Audits for bed holds will be completed weekly for four weeks, and then scheduled periodically thereafter by the Administrator based on audit results. Outcomes and results from these audits will be brought to the facility's next monthly QAPI meeting for review. The Social Services Director will be responsible for compliance.		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 626	<p>Continued From page 3</p> <p>and she had instructed LPN-A to ask about a bed hold.</p> <p>A progress note dated 1/26/21, at 8:59 a.m. indicated HUC-A spoke with a hospital social worker. The hospital social worker inquired if R1 was on an 18-day medical assistance (MA) bed hold. HUC-A informed the hospital social worker R1 had pending MA, and the resident would be private pay if his bed was held. The hospital social worker indicated R1 had an elevated ammonia level (a waste product made by the body during digestion of protein). The hospital social worker indicated she believed R1 would be admitted to a geriatric psychiatric unit. The progress notes further indicated the "writer and social worker decided for now to release his [R1] bed." R1's bed was released as of "1/24/21."</p> <p>A progress note dated 1/26/21, at 9:53 a.m. indicated R1's daughter contacted the facility regarding her father. R1's daughter was "very upset" with the "lack of communication" from "staff/hospital." R1's daughter "agreed that she had several missed calls from the facility." Family requested R1's personal belongings be ready for pick-up.</p> <p>On 2/4/21, at 10:58 a.m. an interview was conducted with family member (FM)-A. FM-A stated R1 was transferred to the hospital because he tried burning open a yogurt with a lighter. FM-A stated R1 was still at the hospital and his discharge was pending finding "transitional care." FM-A denied knowledge of a bed hold being offered to R1. FM-A stated R1 wanted to be readmitted to the facility. FM-A stated the facility was unable to readmit R1 as they wanted him to go to a "different wing" because of confusion and</p>	F 626			

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F 626	<p>Continued From page 4</p> <p>agitation. FM-A stated R1 lost his "train of thought" from time-to-time, but it was "nothing serious."</p> <p>On 2/4/21, at 11:36 a.m. an interview was conducted with HUC-A. HUC-A stated R1 informed paramedics he did not want his bed held. HUC-A confirmed she spoke to a hospital social worker, and it was decided to release R1's bed as he had pending MA. HUC-A stated the hospital social worker indicated they would call closer to R1's discharge and inquire about bed availability. HUC-A was unable to recall the hospital social worker's name. HUC-A confirmed the hospital called back regarding bed availability for R1, however, the facility felt R1 required placement on a dementia unit. HUC-A stated the facility did not have a male bed available on the dementia unit at the time of the call. HUC-A stated either LPN-B or DON stated R1 required a bed on the dementia unit.</p> <p>On 2/4/21, at 12:03 p.m. an interview was conducted with social worker (SW)-A. SW-A stated R1 had behaviors and was "hard to redirect." SW-A stated she did not observe R1 exhibit any unsafe behaviors, however, nursing staff had. SW-A was unable to elaborate on the unsafe behaviors nursing staff had witnessed. SW-A stated she did not know if R1 was still in the hospital and stated "I don't follow that." SW-A stated she believed the facility held R1's bed because he was "on medical assistance." SW-A stated she was not "one-hundred percent sure" what R1's cognition was like. SW-A stated there were some things R1 was unable to remember.</p> <p>On 2/4/21, at 12:20 p.m. an interview was conducted with LPN-C. LPN-C stated she</p>	F 626			

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F 626	<p>Continued From page 5</p> <p>reported to R1's room on 1/24/21, and R1 had a pudding cup. LPN-C stated it smelt like someone "had burnt the cup" and smoke was visible. LPN-C stated it was decided to transfer R1 to the hospital. LPN-C stated she saw LPN-A carry a bed hold form to R1. LPN-C stated she didn't hear R1's response.</p> <p>On 2/4/21, at 12:38 p.m. an interview was conducted with LPN-A. LPN-A stated she received a report R1 had used his lighter to open a pudding cup. LPN-A stated she called the nurse practitioner and DON. LPN-A stated R1 was previously found in a bathroom with a lighter and tried to get cigarettes from other residents. LPN-A stated it was felt R1 was a danger to himself after burning the pudding cup and 911 was called. LPN-A stated she asked R1 about a bed hold as he was getting in the ambulance. LPN-A stated R1 did not want his bed held "at first" and she told R1 he could go to another facility if he wanted to. LPN-A stated R1 changed his mind and said "yes" to a bed hold. LPN-A stated R1 did not physically sign the bed hold because he was in the process of getting into the ambulance. LPN-A stated R1's room had since been given to another resident.</p> <p>On 2/4/21, at 1:04 p.m. an interview was conducted with LPN-B. LPN-B stated she was not a "good source of information" related to R1's hospitalization. LPN-B stated if R1 had a bed hold, the facility would take him back. LPN-B stated there was discussion that R1 did not want to return to the facility.</p> <p>On 2/4/21 at 1:20 p.m. an interview was conducted with the administrator and DON. The DON stated R1 was sent to the hospital on</p>	F 626			

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F 626	<p>Continued From page 6</p> <p>1/24/21, after burning a pudding cup. The administrator stated R1 was transferred to the hospital and had pending MA. The administrator stated R1 did not have a Medicaid number and was unable to use the Medicaid benefit. The administrator stated R1 was a private pay resident, and R1 verbally said he did not want his bed held. The DON stated R1 informed paramedics he did not want his bed held. The administrator stated HUC-A informed a hospital social worker that R1 did not want his bed held. The administrator stated R1 would had been billed privately and he didn't believe it would had been in R1's best interest. The administrator stated the facility has not stated R1 could not come back. The administrator and DON denied receiving a referral from the hospital for readmission. The DON denied R1 was discharged from the facility. The administrator stated the decision to not hold a bed needed to come from R1. The DON stated LPN-A must had obtained the verbal bed hold after she spoke to her.</p> <p>On 2/4/21, at 1:57 a.m. an interview was conducted with a hospital SW, SW-B. SW-B stated R1 was still at the hospital because they were unable to find placement for him. SW-B stated the initial plan was to admit R1 to geriatric psychology, however, no beds were available. SW-B stated R1's behaviors "leveled out" after his ammonia level decreased, and it was determined he no longer required inpatient psychiatric care. SW-B stated it was her understanding R1's daughter did not initially want him to return to the facility, however, she has since asked if he could return. SW-B stated R1 did not directly tell her that he did not want to return to the facility. SW-B stated she spoke to</p>	F 626			

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F 626	<p>Continued From page 7</p> <p>HUC-A on 1/28/21, and asked for a copy of a MA application. SW-B stated she asked if the facility would readmit R1. SW-B stated she was told R1 was more appropriate for a dementia unit and no beds were available. SW-B stated the hospital was trying to "sort out" if R1 needed a dementia unit as he had periods of "lucidity and confusion." SW-B stated R1 was not an elopement risk and had not tried to leave his room. SW-B stated the hospital was in the process of having cognitive testing completed on R1. SW-B reviewed R1's medical record and stated she was unable to find a note which indicated R1 did not want to return to the facility.</p> <p>On 2/4/21, at 2:15 p.m. a follow-up interview was conducted with HUC-A. HUC-A stated the DON told her R1 informed paramedics he did not want his bed held. HUC-A stated she questioned if the conversation was documented. HUC-A stated she told SW-B that R1 did not want his bed held per the discussion with the DON. HUC-A stated SW-B recently called to see if the facility would accept R1 back. HUC-A stated an initial discussion was held with LPN-B and DON, and she was informed R1 would require admission to the dementia unit. HUC-A stated she informed SW-B there were no open beds in the dementia unit.</p> <p>The facility policy Bed Hold Policy revised 2/21, directed, "A resident or responsible party may elect to reserve a resident's bed for up to 18 days while he or she is hospitalized or 36 days per year while absent on a leave of absence by paying a daily rate equal to 30% of the resident's case mix rate in effect when the leave began."</p>	F 626			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 19, 2021

Administrator
Crest View Lutheran Home
4444 Reservoir Boulevard Northeast
Columbia Heights, MN 55421

Re: State Nursing Home Licensing Orders
Event ID: J4PR11

Dear Administrator:

The above facility was surveyed on February 3, 2021 through February 4, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

Crest View Lutheran Home

February 19, 2021

Page 2

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Terri Ament, Unit Supervisor
Duluth District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.



Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/04/2021
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NAME OF PROVIDER OR SUPPLIER CREST VIEW LUTHERAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4444 RESERVOIR BOULEVARD NORTHEAST COLUMBIA HEIGHTS, MN 55421
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 2/3/21, through 2/4/21, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p>	2 000		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/01/21

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>The following complaint was found to be SUBSTANTIATED: H5018150C with a licensing order issued.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm. The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</p>	2 000		

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2 000	Continued From page 2 PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
21925	<p>MN St. Statute 144.651 Subd. 29 Patients & Residents of HC Fac.Bill of Rights</p> <p>Subd. 29. Transfers and discharges. Residents shall not be arbitrarily transferred or discharged. Residents must be notified, in writing, of the proposed discharge or transfer and its justification no later than 30 days before discharge from the facility and seven days before transfer to another room within the facility. This notice shall include the resident's right to contest the proposed action, with the address and telephone number of the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12). The resident, informed of this right, may choose to relocate before the notice period ends. The notice period may be shortened in situations outside the facility's control, such as a determination by utilization review, the accommodation of newly-admitted residents, a change in the resident's medical or treatment program, the resident's own or another resident's welfare, or nonpayment for stay unless prohibited by the public program or programs paying for the resident's care, as documented in the medical record. Facilities shall make a reasonable effort to accommodate new residents without disrupting room assignments.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the</p>	21925	It is the Policy of Crest View Lutheran	3/15/21

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21925	<p>Continued From page 3</p> <p>facility failed to re-admit a hospitalized resident, who was ready for discharge, for 1 of 3 residents (R1) reviewed for discharge rights.</p> <p>Findings include:</p> <p>R1's Admission Record dated 2/4/21, indicated R1's diagnoses included adult failure to thrive and schizophrenia. R1's Admission Record lacked indication of a Power of Attorney.</p> <p>R1's discharge Minimum Data Set (MDS) dated 1/24/21, indicated R1 had a short-term memory problem, but R1's long-term memory was OK.</p> <p>R1's care plan dated 1/20/21, indicated R1 was a vulnerable adult related to compromised health, decline in independence, age, and diagnoses.</p> <p>A progress note dated 1/24/21, at 8:50 a.m. indicated at 3:35 a.m. there was a "burnt" smell in R1's room. R1 was found with a lighter in his hands. R1 stated he used the lighter to open a cup of pudding because his hands hurt. R1 "refused" to turn over the lighter, and was noted to have a history smoking in his room and hallway.</p> <p>A progress note dated 1/24/21, at 9:59 a.m. indicated an order to send R1 to the hospital was requested.</p> <p>A progress note dated 1/24/21, at 11:10 a.m. indicated police and emergency medical services (EMS) arrived at the facility at 10:25 a.m. R1 initially refused to go to the hospital, but was convinced to go "calmly" if he was allowed to smoke first. R1 was transported to the hospital 11:00 a.m.</p>	21925	<p>Home for a resident or responsible party to elect to reserve a resident's bed for up to 18 days while he or she is hospitalized.</p> <p>Resident R1 agreed to a verbal bed hold on 1/24/21. On 2/11/21 resident R1 was admitted back to the facility from the hospital per the bed hold agreement. Resident R1 had 18 bed hold days.</p> <p>Social Services will be checking residents' charts for residents who transfer to the hospital for bed hold consents. If there is not one in the resident chart, social services will be following up with the resident or resident representative to see if they would like their bed held.</p> <p>Nurses, HUCs, and management staff will be reeducated on Tuesday, March 2nd, 2021.</p> <p>Audits for bed holds will be completed weekly for four weeks, and then scheduled periodically thereafter by the Administrator based on audit results.</p> <p>Outcomes and results from these audits will be brought to the facility's next monthly QAPI meeting for review.</p> <p>The Social Services Director will be responsible for compliance.</p>	

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21925	<p>Continued From page 4</p> <p>A Bed Hold document dated 1/24/21, indicated, "Verbal consent given by resident to hold bed." The document was signed by licensed practical nurse (LPN)-A on 1/24/21.</p> <p>An email dated 1/25/21, at 11:47 a.m. indicated the director of nursing (DON) informed the interim administrator and health unit coordinator (HUC)-A that psychology was admitting R1 and "he told the transport he did not want to come back to us." At 11:48 a.m. HUC-A questioned who R1 spoke to, and asked if the conversation was documented. At 11:57 a.m. the DON responded, "I don't know," and she had instructed LPN-A to ask about a bed hold.</p> <p>A progress note dated 1/26/21, at 8:59 a.m. indicated HUC-A spoke with a hospital social worker. The hospital social worker inquired if R1 was on an 18-day medical assistance (MA) bed hold. HUC-A informed the hospital social worker R1 had pending MA, and the resident would be private pay if his bed was held. The hospital social worker indicated R1 had an elevated ammonia level (a waste product made by the body during digestion of protein). The hospital social worker indicated she believed R1 would be admitted to a geriatric psychiatric unit. The progress notes further indicated the "writer and social worker decided for now to release his [R1] bed." R1's bed was released as of "1/24/21."</p> <p>A progress note dated 1/26/21, at 9:53 a.m. indicated R1's daughter contacted the facility regarding her father. R1's daughter was "very upset" with the "lack of communication" from "staff/hospital." R1's daughter "agreed that she had several missed calls from the facility." Family requested R1's personal belongings be ready for pick-up.</p>	21925		

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21925	<p>Continued From page 5</p> <p>On 2/4/21, at 10:58 a.m. an interview was conducted with family member (FM)-A. FM-A stated R1 was transferred to the hospital because he tried burning open a yogurt with a lighter. FM-A stated R1 was still at the hospital and his discharge was pending finding "transitional care." FM-A denied knowledge of a bed hold being offered to R1. FM-A stated R1 wanted to be readmitted to the facility. FM-A stated the facility was unable to readmit R1 as they wanted him to go to a "different wing" because of confusion and agitation. FM-A stated R1 lost his "train of thought" from time-to-time, but it was "nothing serious."</p> <p>On 2/4/21, at 11:36 a.m. an interview was conducted with HUC-A. HUC-A stated R1 informed paramedics he did not want his bed held. HUC-A confirmed she spoke to a hospital social worker, and it was decided to release R1's bed as he had pending MA. HUC-A stated the hospital social worker indicated they would call closer to R1's discharge and inquire about bed availability. HUC-A was unable to recall the hospital social worker's name. HUC-A confirmed the hospital called back regarding bed availability for R1, however, the facility felt R1 required placement on a dementia unit. HUC-A stated the facility did not have a male bed available on the dementia unit at the time of the call. HUC-A stated either LPN-B or DON stated R1 required a bed on the dementia unit.</p> <p>On 2/4/21, at 12:03 p.m. an interview was conducted with social worker (SW)-A. SW-A stated R1 had behaviors and was "hard to redirect." SW-A stated she did not observe R1 exhibit any unsafe behaviors, however, nursing staff had. SW-A was unable to elaborate on the</p>	21925		

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21925	<p>Continued From page 6</p> <p>unsafe behaviors nursing staff had witnessed. SW-A stated she did not know if R1 was still in the hospital and stated "I don't follow that." SW-A stated she believed the facility held R1's bed because he was "on medical assistance." SW-A stated she was not "one-hundred percent sure" what R1's cognition was like. SW-A stated there were some things R1 was unable to remember.</p> <p>On 2/4/21, at 12:20 p.m. an interview was conducted with LPN-C. LPN-C stated she reported to R1's room on 1/24/21, and R1 had a pudding cup. LPN-C stated it smelt like someone "had burnt the cup" and smoke was visible. LPN-C stated it was decided to transfer R1 to the hospital. LPN-C stated she saw LPN-A carry a bed hold form to R1. LPN-C stated she didn't hear R1's response.</p> <p>On 2/4/21, at 12:38 p.m. an interview was conducted with LPN-A. LPN-A stated she received a report R1 had used his lighter to open a pudding cup. LPN-A stated she called the nurse practitioner and DON. LPN-A stated R1 was previously found in a bathroom with a lighter and tried to get cigarettes from other residents. LPN-A stated it was felt R1 was a danger to himself after burning the pudding cup and 911 was called. LPN-A stated she asked R1 about a bed hold as he was getting in the ambulance. LPN-A stated R1 did not want his bed held "at first" and she told R1 he could go to another facility if he wanted to. LPN-A stated R1 changed his mind and said "yes" to a bed hold. LPN-A stated R1 did not physically sign the bed hold because he was in the process of getting into the ambulance. LPN-A stated R1's room had since been given to another resident.</p> <p>On 2/4/21, at 1:04 p.m. an interview was</p>	21925		

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21925	<p>Continued From page 7</p> <p>conducted with LPN-B. LPN-B stated she was not a "good source of information" related to R1's hospitalization. LPN-B stated if R1 had a bed hold, the facility would take him back. LPN-B stated there was discussion that R1 did not want to return to the facility.</p> <p>On 2/4/21 at 1:20 p.m. an interview was conducted with the administrator and DON. The DON stated R1 was sent to the hospital on 1/24/21, after burning a pudding cup. The administrator stated R1 was transferred to the hospital and had pending MA. The administrator stated R1 did not have a Medicaid number and was unable to use the Medicaid benefit. The administrator stated R1 was a private pay resident, and R1 verbally said he did not want his bed held. The DON stated R1 informed paramedics he did not want his bed held. The administrator stated HUC-A informed a hospital social worker that R1 did not want his bed held. The administrator stated R1 would had been billed privately and he didn't believe it would had been in R1's best interest. The administrator stated the facility has not stated R1 could not come back. The administrator and DON denied receiving a referral from the hospital for readmission. The DON denied R1 was discharged from the facility. The administrator stated the decision to not hold a bed needed to come from R1. The DON stated LPN-A must had obtained the verbal bed hold after she spoke to her.</p> <p>On 2/4/21, at 1:57 a.m. an interview was conducted with a hospital SW, SW-B. SW-B stated R1 was still at the hospital because they were unable to find placement for him. SW-B stated the initial plan was to admit R1 to geriatric psychology, however, no beds were available.</p>	21925		

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21925	<p>Continued From page 8</p> <p>SW-B stated R1's behaviors "leveled out" after his ammonia level decreased, and it was determined he no longer required inpatient psychiatric care. SW-B stated it was her understanding R1's daughter did not initially want him to return to the facility, however, she has since asked if he could return. SW-B stated R1 did not directly tell her that he did not want to return to the facility. SW-B stated she spoke to HUC-A on 1/28/21, and asked for a copy of a MA application. SW-B stated she asked if the facility would readmit R1. SW-B stated she was told R1 was more appropriate for a dementia unit and no beds were available. SW-B stated the hospital was trying to "sort out" if R1 needed a dementia unit as he had periods of "lucidity and confusion." SW-B stated R1 was not an elopement risk and had not tried to leave his room. SW-B stated the hospital was in the process of having cognitive testing completed on R1. SW-B reviewed R1's medical record and stated she was unable to find a note which indicated R1 did not want to return to the facility.</p> <p>On 2/4/21, at 2:15 p.m. a follow-up interview was conducted with HUC-A. HUC-A stated the DON told her R1 informed paramedics he did not want his bed held. HUC-A stated she questioned if the conversation was documented. HUC-A stated she told SW-B that R1 did not want his bed held per the discussion with the DON. HUC-A stated SW-B recently called to see if the facility would accept R1 back. HUC-A stated an initial discussion was held with LPN-B and DON, and she was informed R1 would require admission to the dementia unit. HUC-A stated she informed SW-B there were no open beds in the dementia unit.</p> <p>The facility policy Bed Hold Policy revised 2/21,</p>	21925		

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21925	<p>Continued From page 9</p> <p>directed, "A resident or responsible party may elect to reserve a resident's bed for up to 18 days while he or she is hospitalized or 36 days per year while absent on a leave of absence by paying a daily rate equal to 30% of the resident's case mix rate in effect when the leave began."</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator or designee could develop, review, and/or revise policies and procedures to ensure staff are educated on the bed hold policy notice, and to ensure resident rights are communicated appropriately and acted upon. The administrator or designee could educate all appropriate staff on the bed hold and reasons for transfer policies and procedures. The administrator or designee could develop monitoring systems to ensure ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) Days.</p>	21925		