



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
August 23, 2023

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

RE: CCN: 245018
Cycle Start Date: July 6, 2023

Dear Administrator:

On August 8, 2023, 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, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
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

August 23, 2023

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

Re: Reinspection Results
Event ID: D2LU12

Dear Administrator:

On August 8, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on July 6, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
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
July 17, 2023

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

RE: CCN: 245018
Cycle Start Date: July 6, 2023

Dear Administrator:

On July 6, 2023, a survey was completed at your facility by the Minnesota Department of Health 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" and/or an "E" tag), i.e., the plan of correction should be directed to:

Renee McClellan, Unit Supervisor
Metro A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: renee.mcclellan@state.mn.us
Office: 651-201-4391 Mobile: 651-328-9282

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 October 6, 2023 (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

July 17, 2023

Page 3

In addition, if substantial compliance with the regulations is not verified by January 6, 2024 (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/ltc_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, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



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Electronically delivered
July 17, 2023

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

Re: State Nursing Home Licensing Orders
Event ID: D2LU11

Dear Administrator:

The above facility was surveyed on July 6, 2023 through July 6, 2023 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.

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:

Renee McClellan, Unit Supervisor
Metro A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: renee.mcclellan@state.mn.us
Office: 651-201-4391 Mobile: 651-328-9282

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 feel free to call me with any questions.



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
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: 07/28/2023
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 07/06/2023
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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) COMPLETION DATE
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F 000	INITIAL COMMENTS On 7/6/23, a standard abbreviated survey was conducted at your facility. Your facility was not in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed. H50183382C (MN00094922) with a deficiency issued at F580. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);	F 580		8/6/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/26/2023
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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 580	<p>Continued From page 1</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure a physician was notified of a change in condition for 1 of 1 resident (R1) who</p>	F 580	<p>RI no longer resides at facility.</p> <p>All other residents could have been</p>	

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F 580	<p>Continued From page 2</p> <p>was lethargic, sweating profusely, developed a hand tremor and had uncontrolled pain following a spinal surgery.</p> <p>Findings include:</p> <p>R1's admission Mimimum Data Set (MDS) dated 6/21/23, indicated diagnoses of encounter for surgical aftercare following surgery on the nervous system, spinal stenosis (lumbar region), low back pain, chronic kidney disease (stage 3), and congestive heart failure. It further indicated R1 had intact cognition and required limited assistance with bed mobility, transfers, dressing, toileting, and personal hygiene.</p> <p>R1's hospital discharge papers dated 6/25/23, indicated under the heading: Call your surgeon if you have: -any change in movement such as new weakness or inability to move affected arm or leg. -severe pain that is not relieved by medicine, rest or ice. -any other problems, questions, or concerns about your surgery.</p> <p>R1's progress note dated 6/26/2023 at 1:46 p.m., indicated a change in condition: R1 complained of pain rate 7/10 , blood pressure 142/72 , temperature 98.7 degrees, pulse 78, respirations 16 breaths per minute, oxygen saturation 90% on room air, and blood sugar 247. Licensed practical nurse (LPN)-A administered morphine 15 milligrams (mg) and called the on call physician at Twin Cities Physicians (TCP) and they told her to call his surgeon. The progress note did not include a notation regarding a call to the surgeon or any response from the surgeon.</p>	F 580	<p>affected by deficient practice.</p> <p>Facility revised change in condition P&P 6/2023. Nursing Supervisor will follow up with license nurse to ensure change of condition has been addressed and that provider and resident representative notified.</p> <p>Facility has re-educated all license nurses regarding change in condition policy and procedure. All on call and agency staff will be re educated before their next scheduled shift</p> <p>The Director of Nursing/designee will audit nursing progress notes daily for change in condition to ensure provider is notified of change in condition.</p> <p>Staff education will be completed by 08/06/23.</p>	

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F 580	<p>Continued From page 3</p> <p>R1's therapy progress note dated 6/26/2023 at 3:07 p.m., indicated during evaluation, R1 was profusely sweating, had difficulty holding his head upright and keeping his eyes open, was swaying while sitting on the edge of the bed, required assistance with bed mobility, reached for objects without being able to grab them, and was confused. Nursing was notified of R1's current condition.</p> <p>R1's progress noted dated 6/27/2023 at 10:59 a.m., included change in condition: R1 has a new tremor noted in bilateral arms, more significant in right arm and hand, unable to bring cup or spoon to his mouth without spilling or dropping items, more lethargic, unable to participate in therapy, and pain is not being controlled well with the morphine. R1 had surgery for spinal stenosis post operation day 7. Writer called and spoke with the Physician's assistant (PA) for the surgeon who performed R1's surgery 14 hours after the noted change in condition and they would like him sent to the emergency department (ED) for evaluation for medication management and new tremor.</p> <p>R1's progress noted dated 6/27/2023 at 3:02 p.m., indicated R1 was taken to mercy hospital at 3:00 pm by emergency medical technicians (EMT). R1 was sent to the ER 24 hours after the first sign of a change in condition.</p> <p>During an interview on 7/6/23 at 11:50 a.m., LPN-A stated on 6/26/23, R1 was drowsy, groaning, had facial grimacing, uncontrolled pain, and therapy had reported to her he "was a bit shaky." LPN-A further stated she had checked his blood sugar, vital signs, and called Twin Cities Physician's (TCP) and they told her to call the surgeon. LPN-A stated her shift was ending and</p>	F 580		

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F 580	<p>Continued From page 4</p> <p>she didn't have the surgeon's phone number, so she told her supervisor (LPN-B) and passed the information on to the on-coming nurse (but was unable to recall who the on-coming nurse was).</p> <p>During an interview on 7/6/23 at 10:59 a.m., LPN-B stated on 6/26/23, she had assisted LPN-A to reposition R1 in bed and noticed he was sleepy, difficult to boost up in bed, and unable to participate in his care. She further stated he had a hand tremor and rated his pain at a 9 out of 10 (on the pain scale). LPN-A asked her for the surgeon's phone number and LPN-B told her to look in R1's paper chart or ask the health unit coordinator (HUC), stating "I thought she was going to follow up." The next day (6/27/23), LPN-B went to the MDS therapy meeting and discovered R1's change in condition hadn't been followed up on. The therapists (unknown) were discussing R1 and the fact he wasn't acting like himself, was lethargic, and wasn't able to participate in therapy. LPN-B called the surgeon and updated the physician's assistant on R1's change in condition. The surgeon instructed LPN-B to send R1 to the emergency department.</p> <p>During an interview on 7/6/23 at 2:44 p.m., LPN-C stated on 6/26/23, R1 was sleepy, unable to feed himself, and stated he was in pain. LPN-C further stated (while giving her report) LPN-A asked her "to keep an eye on him" and that LPN-A was going to call his surgeon. LPN-C stated she did not follow up with the surgeon because LPN-A said she was going to take care of it.</p> <p>During an interview on 7/6/23 at 3:09 p.m., the medical director stated "reporting a change in condition and following through with the physician</p>	F 580		

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F 580	Continued From page 5 is important. When a person is not doing well we would expect the nursing staff to reach out and notify them and get a plan in place. It's difficult for the nurses when they don't get a satisfactory resolution but what I would've liked to have heard (if they couldn't reach the surgeon) was they reached back out to TCP and told them they couldn't get a hold of the surgeon, so what should we do now?" No change of condition policy provided.	F 580		

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 07/06/2023
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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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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 7/6/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was not in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/26/23
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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 07/06/2023
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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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2 000	<p>Continued From page 1</p> <p>when they will be completed.</p> <p>The following complaint was reviewed. H50183382C (MN00094922) with a licensing order issued at 0265.</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 surveyor ' s 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 <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> 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		
2 265	<p>MN Rule 4658.0085 Notification of Chg in Resident Health Status</p> <p>A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for:</p> <p>A. an accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications;</p> <p>C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment;</p> <p>D. a decision to transfer or discharge the</p>	2 265		8/6/23

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2 265	<p>Continued From page 3</p> <p>resident from the nursing home; or</p> <p>E. expected and unexpected resident deaths.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure a physician was notified of a change in condition for 1 of 1 resident (R1) who was lethargic, sweating profusely, developed a hand tremor and had uncontrolled pain following a spinal surgery.</p> <p>Findings include:</p> <p>R1's admission Mimimum Data Set (MDS) dated 6/21/23, indicated diagnoses of encounter for surgical aftercare following surgery on the nervous system, spinal stenosis (lumbar region), low back pain, chronic kidney disease (stage 3), and congestive heart failure. It further indicated R1 had intact cognition and required limited assistance with bed mobility, transfers, dressing, toileting, and personal hygiene.</p> <p>R1's hospital discharge papers dated 6/25/23, indicated under the heading: Call your surgeon if you have: -any change in movement such as new weakness or inability to move affected arm or leg. -severe pain that is not relieved by medicine, rest or ice. -any other problems, questions, or concerns about your surgery.</p> <p>R1's progress note dated 6/26/2023 at 1:46 p.m., indicated a change in condition: R1 complained of pain rate 7/10 , blood pressure 142/72 , temperature 98.7 degrees, pulse 78, respirations</p>	2 265	Corrected	
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2 265	<p>Continued From page 4</p> <p>16 breaths per minute, oxygen saturation 90% on room air, and blood sugar 247. Licensed practical nurse (LPN)-A administered morphine 15 milligrams (mg) and called the on call physician at Twin Cities Physicians (TCP) and they told her to call his surgeon. The progress note did not include a notation regarding a call to the surgeon or any response from the surgeon.</p> <p>R1's therapy progress note dated 6/26/2023 at 3:07 p.m., indicated during evaluation, R1 was profusely sweating, had difficulty holding his head upright and keeping his eyes open, was swaying while sitting on the edge of the bed, required assistance with bed mobility, reached for objects without being able to grab them, and was confused. Nursing was notified of R1's current condition.</p> <p>R1's progress noted dated 6/27/2023 at 10:59 a.m., included change in condition: R1 has a new tremor noted in bilateral arms, more significant in right arm and hand, unable to bring cup or spoon to his mouth without spilling or dropping items, more lethargic, unable to participate in therapy, and pain is not being controlled well with the morphine. R1 had surgery for spinal stenosis post operation day 7. Writer called and spoke with the Physician's assistant (PA) for the surgeon who performed R1's surgery 14 hours after the noted change in condition and they would like him sent to the emergency department (ED) for evaluation for medication management and new tremor.</p> <p>R1's progress noted dated 6/27/2023 at 3:02 p.m., indicated R1 was taken to mercy hospital at 3:00 pm by emergency medical technicians (EMT). R1 was sent to the ER 24 hours after the first sign of a change in condition.</p>	2 265		

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2 265	<p>Continued From page 5</p> <p>During an interview on 7/6/23 at 11:50 a.m., LPN-A stated on 6/26/23, R1 was drowsy, groaning, had facial grimacing, uncontrolled pain, and therapy had reported to her he "was a bit shaky." LPN-A further stated she had checked his blood sugar, vital signs, and called Twin Cities Physician's (TCP) and they told her to call the surgeon. LPN-A stated her shift was ending and she didn't have the surgeon's phone number, so she told her supervisor (LPN-B) and passed the information on to the on-coming nurse (but was unable to recall who the on-coming nurse was).</p> <p>During an interview on 7/6/23 at 10:59 a.m., LPN-B stated on 6/26/23, she had assisted LPN-A to reposition R1 in bed and noticed he was sleepy, difficult to boost up in bed, and unable to participate in his care. She further stated he had a hand tremor and rated his pain at a 9 out of 10 (on the pain scale). LPN-A asked her for the surgeon's phone number and LPN-B told her to look in R1's paper chart or ask the health unit coordinator (HUC), stating "I thought she was going to follow up." The next day (6/27/23), LPN-B went to the MDS therapy meeting and discovered R1's change in condition hadn't been followed up on. The therapists (unknown) were discussing R1 and the fact he wasn't acting like himself, was lethargic, and wasn't able to participate in therapy. LPN-B called the surgeon and updated the physician's assistant on R1's change in condition. The surgeon instructed LPN-B to send R1 to the emergency department.</p> <p>During an interview on 7/6/23 at 2:44 p.m., LPN-C stated on 6/26/23, R1 was sleepy, unable to feed himself, and stated he was in pain. LPN-C further stated (while giving her report) LPN-A asked her "to keep an eye on him" and that LPN-A was going to call his surgeon. LPN-C</p>	2 265		

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2 265	<p>Continued From page 6</p> <p>stated she did not follow up with the surgeon because LPN-A said she was going to take care of it.</p> <p>During an interview on 7/6/23 at 3:09 p.m., the medical director stated "reporting a change in condition and following through with the physician is important. When a person is not doing well we would expect the nursing staff to reach out and notify them and get a plan in place. It's difficult for the nurses when they don't get a satisfactory resolution but what I would've liked to have heard (if they couldn't reach the surgeon) was they reached back out to TCP and told them they couldn't get a hold of the surgeon, so what should we do now?"</p> <p>No change of condition policy provided.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could develop, review, and/or revise policies and procedres to ensure compliance. The DON or desigee could educate all appropriate staff on the polices and procedures and develop monitoring systems to ensure on going compliance.</p> <p>TIME PERIOD OF CORRECTION: Twenty-one (21) days.</p>	2 265		
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