



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered  
September 17, 2024

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

RE: CCN: 245018  
Cycle Start Date: July 29, 2024

Dear Administrator:

On September 16, 2024, the Minnesota Department(s) of Health and Public Safety, 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.

Sincerely,

A handwritten signature in blue ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
Health Regulation Division  
Telephone: (651) 201-4112  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)



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Electronically delivered  
August 1, 2024

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

RE: CCN: 245018  
Cycle Start Date: July 29, 2024

Dear Administrator:

On July 29, 2024, 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

Crest View Lutheran Home

August 1, 2024

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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:

Annette Winters, Regional Operations Supervisor, Federal Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
625 Robert Street N  
P.O. Box 64975  
Saint Paul, Minnesota 55164-0975  
Email: [annette.m.winters@state.mn.us](mailto:annette.m.winters@state.mn.us)  
Mobile: (651) 558-7558

## 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 29, 2024 (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).

In addition, if substantial compliance with the regulations is not verified by January 29, 2025 (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](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](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.

Crest View Lutheran Home

August 1, 2024

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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive style with a small dot above the 'i' in Downing.

Kamala Fiske-Downing

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CREST VIEW LUTHERAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4444 RESERVOIR BOULEVARD NORTHEAST COLUMBIA HEIGHTS, MN 55421</b>
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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	<p>INITIAL COMMENTS</p> <p>On 7/24/24 and 7/29/24, 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.</p> <p>The following complaints were reviewed. H50185382C (MN00104634) and H50185383C (MN00104639) with a deficiency issued at F684.</p> <p>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.</p> <p>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.</p>	F 000		
F 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record</p>	F 684	Facility physician order policy and	9/9/24

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

TITLE

(X6) DATE

Electronically Signed

08/09/2024

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 684	<p>Continued From page 1</p> <p>review, the facility failed to follow physician orders for one of one resident (R1) reviewed for physician orders. The facility received an order for a cervical collar to be used by two licensed staff; one to stabilize the resident's cervical spine and one for care of the cervical collar and were observed not following the orders.</p> <p>Findings included:</p> <p>During an observation on 7/24/24 at 11:17 a.m., licensed practical nurse (LPN)-A donned personal protective equipment (PPE) and went into R1's room. Family member (FM)-B was sitting in the room besides R1. LPN-A stated to R1 that she was there to assist R1 in putting his cervical collar on. R1 was seated in his recliner. FM-B stood in front of R1 and grabbed his shoulders while assisting him forward. LPN-A put the foam piece around R1's neck and then placed the hard plastic brace on top of the foam piece. LPN-A tightened the brace by pulling the Velcro straps on each side of his neck. After LPN-A tightened the cervical collar, R1 screamed out. LPN-A asked R1 if the cervical collar was too tight and R1 stated that the cervical collar was too tight. LPN-A loosed up the brace via Velcro straps and R1 stated the cervical collar felt good. LPN-A doffed her PPE and washed her hands with soap and water. LPN-A did not support R1's cervical spine while putting on R1's cervical collar.</p> <p>R1's medical records indicated R1 was admitted to the facility on 3/16/23 with an admitting diagnosis of personal history of transient ischemic attack (TIA) and cerebral infarction without residual deficits. R1's additional diagnoses included displaced posterior arch fracture of first cervical vertebra, nondisplaced type II dens</p>	F 684	<p>procedure reviewed and updated on 8/5/24.</p> <p>R1 care plan reviewed and updated. R1 neck brace discontinued on 7/30/24 per family request.</p> <p>For all other residents who wear braces, this deficient practice could have affected, and care plans reviewed and remain current.</p> <p>LPN-A educated regarding following physician order policy and procedure.</p> <p>Facility education remains in progress with licensed nurses regarding following physician order policy and procedure.</p> <p>Facility will complete 3 audits weekly X2 weeks, then 2 audits weekly X2/weeks, then 1 audit weekly X1 month and results of audits will be discussed at QAPI to determine if audits can be discontinued or not.</p> <p>The Director of Nursing/Designee will be responsible for compliance.</p>	

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F 684	<p>Continued From page 2</p> <p>fracture, heart failure, chronic obstructive pulmonary disease (COPD), neuromuscular dysfunction of bladder, and major depressive disorder.</p> <p>R1's fall incident report dated 5/30/24 indicated R1 was found on the floor in his room. It was reported when R1 was found, R1's recliner was in the raised position. The report indicated R1 was assisted off the floor via mechanical lift, facial skin tear was cleaned and covered with gauze, and was sent to the emergency department for further evaluation.</p> <p>R1's hospital records dated 6/3/24 indicated R1 was admitted to the hospital with a primary diagnosis of odontoid fracture with type II morphology (cervical fracture). While in the hospital, R1 was given a cervical collar to be worn twenty-four hours a day for seven days a week for three months.</p> <p>R1's care plan dated 6/3/24 indicated R1 had a cervical collar to be worn for twenty-four hours a day for seven days a week for three months.</p> <p>R1's brief interview for mental status (BIMS) dated 6/6/24 indicated R1 had a score of zero, which indicated R1 had severe cognitive impairment.</p> <p>R1's treatment administration record dated 6/3/24 indicated R1 was to wear his Aspen (cervical) collar twenty-four hours a day for seven days a week for three months. The entry indicated R1 was to wear his cervical collar must be worn, including while bathing.</p> <p>R1's hospital records dated 7/4/24 indicated R1</p>	F 684		

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F 684	<p>Continued From page 3</p> <p>was seen in the emergency department due to an unrelated fall. The hospital records indicated R1's had an order requiring assistant of two people for any movement including removing the cervical collar.</p> <p>R1's physician order dated 7/10/24 indicated R1 had an order for a cervical collar to be on for twenty-four hours a day for seven days, including while bathing. The order stated the cervical collar must be used by two people: one for stabilizing the spine and the other for care of the cervical collar.</p> <p>An interview was attempted with R1 on 7/24/24 at 9:03 a.m., but R1 was not able to be interviewed due to his cognition.</p> <p>During an interview with FM-A on 7/24/24 at 10:30 a.m., FM-A stated there were times she would have to hold R1's spine while the nurses would fix the cervical collar. FM-A stated she is happy to help with the cervical collar, but she shouldn't have to be able to because there should be two nurses adjusting the cervical collar.</p> <p>During an interview with LPN-A on 7/24/24 at 11:22 a.m., LPN-A stated she assisted R1 in putting on her cervical brace with herself and FM-B. LPN-A admitted she is supposed to have one other nurse or aide assisting in putting the cervical collar on. LPN-A stated she put R1's cervical collar on because FM-B was there.</p> <p>During an interview with the director of nursing (DON) on 7/24/24 at 12:45 p.m., the DON stated licensed staff should assist R1 in putting on his cervical collar per physician's orders. The DON stated she would expect two licensed staff to</p>	F 684		

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F 684	<p>Continued From page 4</p> <p>assist R1 in putting on his cervical collar. The DON stated when a resident returns to the facility from an outside healthcare facility, the nurses would review the resident's medical records, after visit summaries, and physician orders and put orders into the resident's electronic medical record (EMR). The DON stated the nurses would also update the care plan if necessary and then the nursing supervisor would sign off on the care plan. The DON stated there isn't a dedicated supervisor; the acting supervisor changes every day. The DON stated the supervisor for that day (7/24/24) was RN-D.</p> <p>During an interview with RN-D on 7/24/24 at 1:37 p.m., RN-D stated her expectation is that two aides or licensed nurses would assist a resident in putting on and taking off a resident's cervical collar. RN-D stated a family member would not count as part of the two people because the facility had educated the aides and licensed nursing staff about the cervical collar, and it is not the responsibility of the family members. RN-D stated when a resident returns to the facility from an outside healthcare facility, the nursing supervisor or the health unit coordinator (HUC) would look through the medical records from the outside healthcare facility and enter the orders into the resident's EMR.</p> <p>During an interview with the assistant director of nursing (ADON) on 7/24/24 at 1:47 p.m., the ADON stated her expectation would be that two aides or licensed nursing staff would assist a resident with their cervical collar. ADON stated if they did not have two aides or licensed nursing staff assisting with the cervical collar, that the resident could result in further injury to their cervical spine. The ADON stated she trained staff</p>	F 684		

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F 684	<p>Continued From page 5</p> <p>on one staff holding the cervical spine and the other staff moves the cervical collar. The ADON stated she had done education to the aides and licensed nursing staff on cervical collars by demonstrations, and by having the staff teach the ADON back. The ADON stated a family member would not count as one of the two people assisting with the cervical collar. The ADON stated she would be concerned if staff wasn't stabilizing a resident's cervical spine. The ADON stated when a resident enters from the facility from an outside healthcare facility, the supervisors would admit the resident back to the facility, would obtain the outside medical records, and enter the orders into the resident's EMR.</p> <p>During an interview with RN-A on 7/24/24 at 2:30 p.m., RN-A stated he will occasionally work as the acting supervisor at the facility. RN-A stated he works as the acting supervisor the evening of 7/4/24 when R1 was admitted back to the facility. RN-A stated the supervisors would obtain the discharge medical records when a resident is admitted back to the facility from an outside healthcare facility. RN-A stated he did not think he was given the discharge medical records after R1 returned to the facility from the outside healthcare facility on 7/4/24. RN-A stated that his expectations is that the supervisors receive the discharge paperwork when a resident returns to the facility from the outside healthcare facility, the supervisors would enter orders into a resident's EMR, and then fax orders to the pharmacy if necessary.</p> <p>An interview was attempted with RN-B on 7/24/24 at 2:40 p.m. and 7/24/24 at 3:00 p.m. but was unsuccessful.</p>	F 684		

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F 684	<p>Continued From page 6</p> <p>An interview was attempted with RN-C on 7/24/24 at 3:24 p.m. and 7/4/24 at 3:52 p.m. but was unsuccessful.</p> <p>During an interview with the administrator on 7/24/24 at 3:31 p.m., the administrator stated when a resident comes back from the hospital, the supervisor, nurse, or HUC will transcribe the orders from the discharge paperwork, and then a second nurse, supervisor, or HUC will sign off on the orders as well. The administrator stated her expectation is staff would follow the physician orders the way it was written.</p> <p>The facility's Neck Collar policy and procedure indicated the purpose of the cervical collar was to support the neck and spinal cord. The procedure indicated staff must ensure two staff members would assist with applying and removing the cervical collar.</p> <p>The facility provided education dated 7/17/24 that was provided to licensed staff and stated the licensed staff had received an instructional video on how to correctly apply and maintain a cervical collar and to demonstrate the procedure with the supervisor. Visual picture instructions were provided. Instructions provided stated the resident would need to have a second person assist to maintain the proper head, neck, and airway alignment. The education sign-in sheet was signed by eight nurses, including LPN-A.</p>	F 684		



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

August 1, 2024

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

Re: Event ID: VR8J11

Dear Administrator:

The above facility survey was completed on July 29, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
Health Regulation Division  
Telephone: (651) 201-4112  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

Minnesota Department of Health

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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 7/24/24 and 7/29/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during</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

08/09/24

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CREST VIEW LUTHERAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4444 RESERVOIR BOULEVARD NORTHEAST COLUMBIA HEIGHTS, MN 55421</b>
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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>Continued From page 1</p> <p>the survey. H50185382C (MN00104634)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		