



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 11, 2024

Administrator
The Terrace At Crystal LLC
3245 Vera Cruz Avenue North
Crystal, MN 55422

RE: CCN: 245289
Cycle Start Date: December 6, 2024

Dear Administrator:

Please note that this facility has been chosen as a Special Focus Facility (SFF). CMS' policy of progressive enforcement means that any SFF nursing home that reveals a pattern of persistent poor quality is subject to increasingly stringent enforcement action, including stronger civil monetary penalties, denial of payment for new admissions and/or termination of the Medicare provider agreement.

On December 6, 2024, 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" and/or an "E" tag), i.e., the plan of correction should be directed to:

Lisa Krebs, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 March 6, 2025 (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 June 6, 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)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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:

<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

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: 12/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
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NAME OF PROVIDER OR SUPPLIER THE TERRACE AT CRYSTAL LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3245 VERA CRUZ AVENUE NORTH CRYSTAL, MN 55422
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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 12/4/24 though 12/6/24, 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 complaint was reviewed H52891986C (MN00108712) , H52892182C (MN00108830) and H52892041C (MN00108749) with a deficiency cited at F656.</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 656 SS=D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p>	F 656		1/6/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/18/2024

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 656	<p>Continued From page 1</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to develop a comprehensive care plan for skin integrity for 1 of 3 (R2) residents reviewed for wound care.</p>	F 656	<p>1. R2 Care plan is reviewed and updated to include skin integrity care plan</p> <p>2. All facility residents will have care plan reviews to include a comprehensive skin</p>	

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F 656	<p>Continued From page 2</p> <p>Findings include:</p> <p>Stage 2 pressure ulcers are defined as superficial wounds that do not involve adipose tissue or deeper structures like bone or muscle.</p> <p>Unstageable pressure ulcers are defined as ulcers covered with slough (white or yellow dead skin tissue) and eshar (dark, crusty tissue) and cannot be staged.</p> <p>R2's Medicare 5-day Minimum Data Set (MDS) assessment dated 11/2/24, indicated he demonstrated rejection of care 1-3 days per week. He required substantial assistance with most activities of daily living.</p> <p>R2's cognitive assessment, dated 11/4/24 indicated he was severely cognitively impaired.</p> <p>R2's face sheet dated 12/05/24 indicated he had diagnoses of cellulitis of groin, cellulitis of right lower limb, pressure ulcer of right buttock stage 2, atherosclerosis (plaque buildup) of native arteries of right leg with ulceration of heel and midfoot, end stage renal disease, type II diabetes mellitus with diabetic neuropathy, type II diabetes with peripheral angiopathy (inflammation of blood vessels), pressure ulcer of right hip unstageable and age-related cognitive decline.</p> <p>R2's care plan, dated 12/5/24, lacked a section related to skin integrity or management of wounds.</p> <p>R2's wound care orders included: -Mixed arterial and venous right medial ankle: Cleanse wound with wound cleanser and 4x4</p>	F 656	<p>integrity focus, resident centered goals, and interventions.</p> <p>3. Education will be completed with all nursing staff regarding skin integrity, assessments, interventions, documentation, and care planning.</p> <p>4. Monitoring Mechanisms: "All residents will be reviewed for skin integrity focused care planning weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 120 days. "Skin integrity care planning will be added to QAPI x 180 days then reviewed to determine if ongoing monitoring is needed.</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 656	<p>Continued From page 3</p> <p>gauze. Pat dry. Moisturize leg with Vani-cream. Place cut-to-fit piece of Hydrofera blue (foam) dressing and cut to slightly larger than the wound, to ensure it comes into contact with the entire wound bed, change daily. Cover with Kerlix wrapping. Change once daily at bedtime.</p> <p>-Right ischial tuberosity unstageable pressure injury, right buttock stage 2 pressure injury. Cleanse the wounds with wound cleanser and 4x4 gauze. Pat dry. Apply a nickel thick layer of Santyl (ointment), being sure to cover the entire wound bed daily. Cover with Mepilex foam and secure with kind tape. Change once daily and PRN at bedtime.</p> <p>-Wound care right posterior thigh. Cleanser with Vashe (wound cleanser) or normal saline. Apply skin prep. Apply Hydrofera blue, cover with Mepilex every evening shift on Monday, Wednesday and Friday.</p> <p>-Wound Care: Incontinence associated dermatitis gluteal cleft/posterior scrotum. Cleanse area with tap water, pH balanced foam cleanser dampened washcloths. Pat dry. Moisten washcloth with wound cleanser. Ensure it is not dripping wet. Leave in place for two hours. Apply twice daily. In between treatments, apply a thin layer of nystatin powder to affected skin/fold area. Tuck Interdry over scrotum every day and evening for wound care.</p> <p>R2's Skin and Wound Evaluation, dated 11/19/24, indicated he had cellulitis on his left Medial Malleolus that measured 5.7 centimeters length by 1.8 centimeters width. 100% of the wound bed was filled with Eschar. It had moderate, purulent exudate with a faint odor. The surrounding skin was macerated. He had a pain level of 10/10 during the dressing change. The note stated "Edema noted in both legs. Moderate drainage</p>	F 656		

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F 656	<p>Continued From page 4</p> <p>noted. Resident had refused wound cares several times. Parts of the wound have maceration, eschar and dry skin. Resident was educated about the importance of allowing staff to do the dressing change as scheduled because he is always refusing cares."</p> <p>R2's progress note, dated 12/1/24, stated that resident started bleeding profusely during wound care from his right posterior thigh and right buttocks. The resident fainted and staff called 911 and sent the resident to the hospital for evaluation.</p> <p>On 12/5/24 at 2:45 p.m., licensed practical nurse (LPN)-A was interviewed. She stated R2 would refuse wound cares most of the time. She stated his care plan should have contained a section pertaining to skin integrity.</p> <p>On 12/5/24 at 3:32 p.m., registered nurse (RN)-A was interviewed. RN-A stated R2's care plan should have had a section pertaining to skin integrity.</p> <p>On 12/5/24 at 4:02 p.m., RN-B and the wound care nurse was interviewed. He stated R2's care plan should have had a section pertaining to skin integrity.</p> <p>On 12/6/24 at 9:16 a.m., Nurse practitioner (NP)-A was interviewed. NP-A stated R2 would often refuse to have wound cares completed or have his wounds assessed. He refused to lay in his bed and would spend most of his time in a recliner. She stated his care plan should have had a section pertaining to skin integrity.</p> <p>On 12/6/24 at 9:45 a.m., RN-C and R2's nurse</p>	F 656		

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F 656	<p>Continued From page 5</p> <p>manager was interviewed. She verified R2's care plan did not have a section pertaining to skin integrity. She stated it is all of the nurse's jobs to help with developing a care plan.</p> <p>On 12/06/24 at 9:34 a.m., R2's hospital case manager was interviewed. He stated the resident was admitted to the ICU for sepsis related to his wounds. His wounds were significant in nature, and he needed a lot of encouragement from staff to allow his wound care to be completed. The case manager worked with R2 about a year ago and he was concerned his wounds would worsen because he failed to follow through with his wound care. The hospital case manager felt the facility staff could have provided more redirection and encouragement to allow wound care. Facility staff could have evaluated the plan of care for interventions they could be doing to encourage R2.</p> <p>On 12/6/24 at 10:47 a.m., the director of nursing (DON) was interviewed. She stated R2 was offered interventions such as offloading, a pressure reduction wheelchair, he had an air mattress, turning and repositioning, and as needed barrier cream. The interdisciplinary team was responsible for maintaining the care plan. The clinical manager would be responsible for creating the care plan during admission. She stated she has no excuse why there was not a skin integrity section in R2's care plan. During care conferences, R2 would state repeatedly that he wanted to do things on his own, it hurt when his skin was touched, and he wanted to be left alone.</p> <p>The facility policy dated October 2024 Titled "Comprehensive Care Plan Development Policy",</p>	F 656		

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F 656	Continued From page 6 identified the interdisciplinary team is responsible for an individualized comprehensive care plan for each resident. The resident has the right to participate in planning of his or her person-centered care and treatment or changes in care or treatment.	F 656		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 11, 2024

Administrator
The Terrace At Crystal LLC
3245 Vera Cruz Avenue North
Crystal, MN 55422

Re: State Nursing Home Licensing Orders
Event ID: 9B9T11

Dear Administrator:

The above facility was surveyed on December 4, 2024 through December 6, 2024 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.

The Terrace At Crystal Llc

December 11, 2024

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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:

Lisa Krebs, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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

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 12/4/24 through 12/6/24, 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 orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</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 12/18/24
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/06/2024
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NAME OF PROVIDER OR SUPPLIER THE TERRACE AT CRYSTAL LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3245 VERA CRUZ AVENUE NORTH CRYSTAL, MN 55422
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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H52891986C (MN00108712) , H52892182C (MN00108830) and H52892041C (MN00108749) with a licensing order issued at 565. 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</p>	2 000		
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2 000	Continued From page 2 state form. 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		
2 565	<p>MN Rule 4658.0405 Subp. 3 Comprehensive Plan of Care; Use</p> <p>Subp. 3. Use. A comprehensive plan of care must be used by all personnel involved in the care of the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to develop a comprehensive care plan for skin integrity for 1 of 3 (R2) residents reviewed for wound care.</p> <p>Findings include:</p> <p>Stage 2 pressure ulcers are defined as superficial wounds that do not involve adipose tissue or deeper structures like bone or muscle.</p> <p>Unstageable pressure ulcers are defined as ulcers covered with slough (white or yellow dead skin tissue) and eshar (dark, crusty tissue) and cannot be staged.</p> <p>R2's Medicare 5-day Minimum Data Set (MDS) assessment dated 11/2/24, indicated he demonstrated rejection of care 1-3 days per</p>	2 565	<ol style="list-style-type: none"> 1. R2 Care plan is reviewed and updated to include skin integrity care plan 2. All facility residents will have care plan reviews to include a comprehensive skin integrity focus, resident centered goals, and interventions. 3. Education will be completed with all nursing staff regarding skin integrity, assessments, interventions, documentation, and care planning. 4. Monitoring Mechanisms: <ul style="list-style-type: none"> ~All residents will be reviewed for skin integrity focused care planning weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 120 days. ~Skin integrity care planning will be added to QAPI x 180 days then reviewed to determine if ongoing monitoring is needed. 	1/6/25

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2 565	<p>Continued From page 3</p> <p>week. He required substantial assistance with most activities of daily living.</p> <p>R2's cognitive assessment, dated 11/4/24 indicated he was severely cognitively impaired.</p> <p>R2's face sheet dated 12/05/24 indicated he had diagnoses of cellulitis of groin, cellulitis of right lower limb, pressure ulcer of right buttock stage 2, atherosclerosis (plaque buildup) of native arteries of right leg with ulceration of heel and midfoot, end stage renal disease, type II diabetes mellitus with diabetic neuropathy, type II diabetes with peripheral angiopathy (inflammation of blood vessels), pressure ulcer of right hip unstageable and age-related cognitive decline.</p> <p>R2's care plan, dated 12/5/24, lacked a section related to skin integrity or management of wounds.</p> <p>R2's wound care orders included: -Mixed arterial and venous right medial ankle: Cleanse wound with wound cleanser and 4x4 gauze. Pat dry. Moisturize leg with Vani-cream. Place cut-to-fit piece of Hydrofera blue (foam) dressing and cut to slightly larger than the wound, to ensure it comes into contact with the entire wound bed, change daily. Cover with Kerlix wrapping. Change once daily at bedtime. -Right ischial tuberosity unstageable pressure injury, right buttock stage 2 pressure injury. Cleanse the wounds with wound cleanser and 4x4 gauze. Pat dry. Apply a nickel thick layer of Santyl (ointment), being sure to cover the entire wound bed daily. Cover with Mepilex foam and secure with kind tape. Change once daily and PRN at bedtime. -Wound care right posterior thigh. Cleanser with Vashe (wound cleanser) or normal saline. Apply</p>	2 565		
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2 565	<p>Continued From page 4</p> <p>skin prep. Apply Hydrofera blue, cover with Mepilex every evening shift on Monday, Wednesday and Friday.</p> <p>-Wound Care: Incontinence associated dermatitis gluteal cleft/posterior scrotum. Cleanse area with tap water, pH balanced foam cleanser dampened washcloths. Pat dry. Moisten washcloth with wound cleanser. Ensure it is not dripping wet. Leave in place for two hours. Apply twice daily. In between treatments, apply a thin layer of nystatin powder to affected skin/fold area. Tuck Interdry over scrotum every day and evening for wound care.</p> <p>R2's Skin and Wound Evaluation, dated 11/19/24, indicated he had cellulitis on his left Medial Malleolus that measured 5.7 centimeters length by 1.8 centimeters width. 100% of the wound bed was filled with Eschar. It had moderate, purulent exudate with a faint odor. The surrounding skin was macerated. He had a pain level of 10/10 during the dressing change. The note stated "Edema noted in both legs. Moderate drainage noted. Resident had refused wound cares several times. Parts of the wound have maceration, eschar and dry skin. Resident was educated about the importance of allowing staff to do the dressing change as scheduled because he is always refusing cares."</p> <p>R2's progress note, dated 12/1/24, stated that resident started bleeding profusely during wound care from his right posterior thigh and right buttocks. The resident fainted and staff called 911 and sent the resident to the hospital for evaluation.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could re-educate nursing staff on development of</p>	2 565		

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2 565	<p>Continued From page 5</p> <p>comprehensive care plans. The DON or designee could complete an audit of care plans to monitor ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 565		