



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 4, 2026

Administrator

The Terrace at Crystal LLC
3245 VERA CRUZ AVENUE NORTH
CRYSTAL, MN 55422

RE: CCN: 245289

Cycle Start Date: December 8, 2025

Dear Administrator:

On December 26, 2026, we notified you a remedy was imposed. On February 25, 2026, the Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of February 20, 2026.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective January 10, 2026 be discontinued as of February 20, 2026. (42 CFR 488.417 (b))

In our letter of December 26, 2026, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from December 8, 2025. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

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
February 9, 2026

Administrator
The Terrace at Crystal LLC
3245 VERA CRUZ AVENUE NORTH
CRYSTAL, MN 55422

RE: CCN: 245289
Cycle Start Date: December 8, 2025

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 26, 2025 and January 28, 2026, we informed you of imposed enforcement remedies.

On January 30, 2026, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found 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.

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective January 10, 2026, will remain in effect.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective January 10, 2026. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective January 10, 2026.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial

compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

As we notified you in our letter of December 26, 2025, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from December 8, 2025.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by June 8, 2026 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

tamika.brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown at (312) 353-1502. Information may also be emailed to tamika.brown@cms.hhs.gov.

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.

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



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February 9, 2026

Administrator
The Terrace at Crystal LLC
3245 VERA CRUZ AVENUE NORTH
CRYSTAL, MN 55422

Re: Event ID: 1E2A02-H1

Dear Administrator:

The above facility survey was completed on January 30, 2026 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, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245289	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER The Terrace at Crystal LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3245 VERA CRUZ AVENUE NORTH , CRYSTAL, Minnesota, 55422	
(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
F0000	<p>INITIAL COMMENTS</p> <p>On 1/29/26 through 1/30/26, 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: H52894061C (2720261). A citation at F697 was issued.</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>	F0000		02/13/2026
F0697 SS = D	<p>Pain Management</p> <p>CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management.</p> <p>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to comprehensively assess pain and failed to offer or attempt non-pharmacological pain interventions prior to the administration of as-needed (PRN) pain medications for 2 of 3 residents (R1, R3) reviewed for pain</p>	F0697	<p>This Plan of Correction is submitted as a credible allegation of compliance and does not constitute an admission of guilt or agreement with the deficiency cited. The facility is committed to providing comprehensive pain management in accordance with professional standards and regulatory requirements.</p> <p>The facility reviewed the medical records of Residents R1 and R3 to ensure pain assessments, effectiveness, and non-pharmacological interventions were updated as appropriate.</p> <p>The Pain Assessment and Management Policy (March 2020) was reviewed and confirmed to require assessment and documentation of non-pharmacological interventions prior to or with PRN pain medications.</p> <p>Licensed nursing staff were re-educated on assessing pain, offering non-pharmacological interventions, and documenting interventions, refusals, and medication</p>	02/13/2026

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0697 SS = D	<p>Continued from page 1 Findings include:</p> <p>R1's admission minimum data set (MDS) dated 1/13/26 indicated severely impaired cognition. The MDS further indicated R1 utilized scheduled and prn pain medications for frequent pain that interfered with day-to-day activities.</p> <p>R1's diagnoses list dated 1/29/26 included cellulitis (skin infection) of right leg, type 2 diabetes, and chronic pain syndrome.</p> <p>R1's care plan dated 1/20/26 included a focus of acute/chronic pain with interventions including non-pharmacological pain interventions of ice, heated blankets, massage, repositioning, music, essential oils, food/drink, and relaxation breathing.</p> <p>R1's provider order dated 1/15/26 instructed acetaminophen (a pain-relieving medication) 500 milligram (mg) tablet give 1 tablet every 6 hours for pain.</p> <p>R1's medication administration record (MAR) for January 2026 indicated R1 received acetaminophen the following time:</p> <ul style="list-style-type: none"> - 1/20/26 at 12:08 a.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/20/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration. <p>R1's provider order dated 1/14/26 instructed oxycodone (a narcotic pain-relieving medication) oral tablet. Give 5mg by mouth as needed for acute left ankle pain once daily.</p> <p>R1's MAR for January 2026 indicated R1 received oxycodone the following 10 times:</p> <ul style="list-style-type: none"> - 1/15/26 at 11:36 p.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/15/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration. - 1/17/26 at 8:57 a.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/17/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or 	F0697	<p>Continued from page 1 effectiveness.</p> <p>Expectations for timely and accurate pain-related documentation by licensed nurses were clarified to ensure alignment with resident care plans.</p> <p>A facility-wide review of residents with PRN pain medication orders was completed to ensure consistent assessment and documentation practices.</p> <p>The Director of Nursing or designee will complete weekly audits for four weeks, followed by monthly audits for two months.</p> <p>Audit results will be reviewed through the QAPI process to monitor compliance and determine the need for additional action.</p>	

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F0697 SS = D	<p>Continued from page 2 offered prior to the medication administration.</p> <p>- 1/18/26 at 7:25 p.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/18/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.</p> <p>- 1/19/26 at 6:50 a.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/19/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.</p> <p>- 1/20/26 at 7:38 p.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/20/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.</p> <p>- 1/21/26 at 10:05 a.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/21/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.</p> <p>- 1/22/26 at 3:32 p.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/22/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.</p> <p>- 1/23/26 at 5:08 p.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/23/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.</p> <p>- 1/26/26 at 3:12 a.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/26/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.</p> <p>- 1/29/26 at 9:16 p.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/29/26 identified the medication</p>	F0697		

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F0697 SS = D	<p>Continued from page 3 was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.</p> <p>During an interview on 1/30/26 at 9:45 p.m., R1 stated he had pain in his feet and utilized as needed pain medication. Repositioning sometimes relieved his pain.</p> <p>R3's quarterly MDS dated 11/20/25 indicated intact cognition. The MDS further indicated R3 utilized scheduled and as needed pain medications for almost constant pain.</p> <p>R3's diagnoses list dated 1/29/26 included stage 3 pressure ulcer, chronic obstructive pulmonary disease (COPD), and chronic pain.</p> <p>R3's care plan dated 1/6/26 included a focus of pain risk related to generalized chronic pain and lower back pain with interventions included offer non-pharmacological pain relief prior to the administration of pain medication as appropriate. Non-pharmacological pain interventions included ice, heated blankets, massage, repositioning, music, essential oils, food/drink, and relaxation breathing.</p> <p>R3's provider order dated 10/6/25 instructed oxycodone tablet. Give 5 mg by mouth every 4 hours as needed for pain.</p> <p>R3's MAR for January 2026 indicated R2 received oxycodone the following 3 times:</p> <ul style="list-style-type: none"> - 1/4/26 at 8:40 a.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/4/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to medication administration. - 1/17/26 at 9:03 p.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/17/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration. - 1/25/26 at 12:05 a.m., R1 received PRN acetaminophen which was recorded as "E [effective]." A corresponding progress note dated 1/25/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration. 	F0697		

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F0697 SS = D	<p>Continued from page 4</p> <p>During an interview on 1/30/26 at 11:05 a.m., R3 stated she was always in pain and utilized as needed pain medication. Medication primarily reduces her pain, but sometimes repositioning helped too.</p> <p>During an interview on 1/30/26 at 11:16 a.m., licensed practical nurse (LPN)-A stated non-pharmacological interventions should be attempted prior to a PRN medication administration, but many residents will refuse. Any offers and refusals of non-pharmacological interventions should be documented in the PRN medication administration note.</p> <p>During an interview on 1/30/26 at 1:23 p.m., LPN-B stated non-pharmacological interventions should be offered prior to prn medication administration and should be documented in the PRN medication administration note.</p> <p>During an interview on 1/30/26 at 1:37 p.m., nurse practitioner (NP) stated non-pharmacological interventions should be offered prior to PRN medication administration. Use of non-pharmacological interventions might reduce the pain without the need for medication or might lower the pain level so the resident would be less reliant on the narcotic pain medication.</p> <p>During an interview on 1/30/26 at 4:16 p.m., director of nursing (DON) stated non-pharmacological interventions should be offered prior to PRN medication administration and documented in a progress note. DON confirmed R1 and R3's medical records for January 2026 did not contain non-pharmacological interventions offered/refused prior to every PRN medication administration.</p> <p>The Pain Assessment and Management policy dated March 2020 indicated the pain management program was based on a facility-wide commitment to appropriate assessments and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management. Non-pharmacological interventions may be appropriate alone or in conjunction with medications. Some non-pharmacological interventions include:</p> <p>a. Environmental adjusting the room temperature, smoothing the linens, providing a pressure-reducing mattress, repositioning, etc.;</p> <p>b. Physical - ice packs, cool or warm compresses, baths, transcutaneous electrical nerve</p>	F0697		

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F0697 SS = D	Continued from page 5 stimulation (TENS), massage, acupuncture, etc.; c. Exercise range of motion exercises to prevent muscle stiffness and contractures; and d. Cognitive or Behavioral - relaxation, music, diversions, activities, etc.	F0697		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER The Terrace at Crystal LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3245 VERA CRUZ AVENUE NORTH , CRYSTAL, Minnesota, 55422	
(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
20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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:</p> <p>On 1/29/26 through 1/30/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with MN State Licensure.</p> <p>The following complaints were reviewed: H52894061C (2720261).</p>	20000		02/13/2026

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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20000	Continued from page 1 NO licensing orders were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. 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.	20000		