

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

PRINTED: 03/24/2025
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 03/10/2025
NAME OF PROVIDER OR SUPPLIER THE TERRACE AT CRYSTAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3245 VERA CRUZ AVENUE NORTH CRYSTAL, MN 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	
F 000	INITIAL COMMENTS On 3/7/25 and again on 3/10/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H52899262C (MN111239), H52898807C (MN110961), and H52899464C (MN110582), with an incidental finding cited at F700. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000			
F 700 SS=D	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.	F 700		3/24/25	

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

TITLE

(X6) DATE

Electronically Signed

03/14/2025

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 700	<p>Continued From page 1</p> <p>§483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>§483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.</p> <p>§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure side rails were comprehensively assessed to determine if they were appropriate and safe, discuss the risks and benefits, and obtain informed consent prior to use of bed rails for 1 of 3 residents (R1) who was observed to have side rails raised on their bed.</p> <p>Findings include:</p> <p>R1's admission minimum data set (MDS) dated 1/26/25 indicated moderately impaired cognition. R1 required maximum assistance from staff for bed mobility and was dependent on staff for transfers. R1's diagnoses included right humerus (longest bone in the upper arm) fracture.</p> <p>R1's care plan dated 2/26/25 indicated R1 required extensive assistance of two staff members to turn and reposition in bed and assistance of two staff members with a mechanical standing lift for transfers. R1's care plan lacked information about bed rails.</p> <p>R1's electronic medical record (EMR) lacked evidence a side rail assessment had been</p>	F 700	<p>the facility provides bedrails in accordance state and federal guidelines. R1's Care plan was reviewed and revised on 3/14/25 to reflect the use of side rails. The side rail assessment for R1 was completed on 3/10/2025, risk benefit information provided and verbal consent received. The policy on Bed Safety and Bed Rails policy was reviewed. Nursing staff were educated on the Bed Safety and Bed Rails Policy on 3/17-21/25. All residents with bed rails were audited to ensure that assessments were completed, care plans were completed, education provided to resident/family and informed consent received on 03/24/25. The Director of Maintenance will be reviewing all side rail applications to ensure proper installation and to ensure compliance with FDA siderail safety guidelines. All residents with orders for side rails will be reviewed for three months to ensure compliance with policy. The DON and Director of Maintenance and/or their designee will be responsible for ensuring ongoing compliance. The</p>	

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F 700	<p>Continued From page 2</p> <p>completed to determine necessity, and whether R1 could safely use side rails. Additionally, R1's EMR lacked evidence the resident or representative was educated on the risk of having a side rail on the bed, and/or a consent form was completed.</p> <p>On 3/7/2025 at 11:09 a.m., R1 was observed seated in her wheelchair in her room. Her bed had raised bilateral quarter siderails. R1 was interviewed and stated she did not remember anyone asked her if she wanted to use the side rails or went over the risks of having side rails on the bed.</p> <p>On 3/7/2025 at 3:30 p.m., family member (FM)-A was interviewed and stated she was R1's power of attorney (POA) for healthcare (legal decision maker). FM-A stated she had requested the side rails be applied to R1's bed so R1 did not roll out of bed. FM-A stated she did not remember anyone from the facility going over the risks of using the side rails.</p> <p>On 3/10/2025 at 12:29 p.m., licensed practical nurse (LPN)-A was interviewed and stated if a resident requested to use side rails, the nurse would contact therapy. LPN-A was unsure who was responsible for completing an assessment on the resident for side rail use.</p> <p>On 3/10/2025 at 2:50 p.m., director of nursing (DON) was interviewed and stated therapy would let the nurse know when a resident needs side rails on their bed. The nurse should complete the bed rail/assist bar evaluation prior to application of bed rails on the resident's bed. DON confirmed R1's bed had raised side rails and R1's EMR lacked a bed rail evaluation.</p>	F 700	Safety committee will review audit findings for 3 months or until 100% compliance is achieved.	

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F 700	Continued From page 3 The Bed Safety and Bed Rails policy dated August 2022 instructed the use of bed rails is prohibited unless the criteria for use of bed rails have been met, including attempts to use alternatives, interdisciplinary evaluation, resident assessment, and informed consent.	F 700		