STATE LICENSING COMPLIANCE REPORT

Report #: HL326764484C

Date Concluded: January 31, 2024

Name, Address, and County of Facility Investigated:
Crestview Senior Community Blaine
12016 Ulysses Street Northeast
Blaine, MN 55434
Anoka County

Facility Type: Assisted Living Facility with Dementia Care (ALFDC)

Evaluator's Name: Lissa Lin, RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32676	A. BUILDING: _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST VIEW SENIOR COMMUNITY AT BLAINE	12016 ULYSSES STREET NE BLAINE, MN 55434

(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
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL326764484C On January 22, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 74 residents receiving services under the provider's Assisted Living with Dementia Care license. The following correction order is issued for #HL326764484C, tag identification, 0700.	0 000	Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 700 SS=E	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or	0 700		

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0 700	Continued From page 1 electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information. This MN Requirement is not met as evidenced by: Based on record review, observation and interview, the licensee failed to ensure resident records were protected against loss, tampering or disclosure, for two of two residents (R2 and R3) reviewed. Unlicensed personnel (ULP)-D left an empty pill punch card with R2's identifying information lying on a counter in an activity/dining area. ULP-F left R3's medication administration record (MAR) up on a computer screen, unattended for several minutes in an activity room next to a busy hallway and diningroom. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R2's diagnoses included chronic gout, chronic kidney disease and joint pain. R2's service plan dated December 14, 2021, indicated she received assistance with medication administration and	0 700		

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0 700	Continued From page 2 activities of daily living R2's medication management plan dated April 10, 2023, indicated R2 received weekly medication set up and daily medication administration. R2's medication order summary dated January 22, 2024, indicated R2 had an active prescription for allopurinal tablets, 100 milligram (mg), give two tablets by mouth once daily for chronic gout. During an observation on January 22, 2024, at 11:15 a.m., the surveyor found an empty pill punch card for R2's allopurinal 100 mg tablets lying on a counter in a second floor activity and dining area. A locked medication cart was nearby. One person stood near a dining table approximately 20 feet away. Two staff members entered the activity and dining room and approached the surveyor. The surveyor asked ULP-D and ULP-E about R2's pill punch card. ULP-D said she was scheduled to pass medications today and got busy. She did not throw the pill punch card away like she normally would. ULP-D took R2's pill punch card and disposed of it in a nearby trash bin. R3's diagnoses included chronic obstructive pulmonary disease, type 2 diabetes and chronic kidney disease. R3's service plan dated September 22, 2023, indicated he received daily medication administration and weekly medication review and set up by a nurse. R3's medication assessment and management plan dated October 2, 2023, indicated staff would document administered medications in R3's MAR. During an observation on January 22, 2024, at	0 700		

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0 700	Continued From page 3 11:36 a.m., ULP-F stood at a third floor medication cart working at the computer. ULP-F grabbed a medication cup and walked away from the medication cart with R3's profile and MAR visible on the computer screen. ULP-F was gone approximately four minutes. The activity room was across the hall from the main dining room for all 4th and 3rd floor residents. Lunch was being served and the hallway was crowded. ULP-F returned to the activity room at approximately 11:40 a.m. and said she closed the screen before she went to check on R3. The she indicated R3's information was displayed and she should have locked the computer screen before leaving it unattended. During an interview on January 22, 2024, at 12:50 a.m., executive director (ED)-A said it was not okay to leave any medical records displayed and staff have been trained on securing resident records and HIPAA (Health Insurance Portability and Accountability Act). A policy titled Security of Resident Records dated August 1, 2021, indicated resident records would be kept secure and protected. All information in the resident record must be kept confidential an accessible only to authorized agency personnel. Electronic health records and devices, such as laptops, flash drives, handheld devices, etc. will be kept secured and encrypted as appropriate. TIME PERIOD TO CORRECT: Seven (7) Days	0 700		