Printed: 05/10/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024			
NAME OF PROVIDER OR SUPPLIER Villa St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE 516 Walsh Street Crookston, MN 56716				
For information on the nursing home's	For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)					
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few						

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.

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

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024	
NAME OF PROMPTS OF SUPPLIE		CTDEET ADDRESS OUT CTATE TO	D 00D5	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Villa St Vincent		516 Walsh Street Crookston, MN 56716		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0689	R5's facility Progress Notes identified the following:			
Level of Harm - Minimal harm or potential for actual harm	3/6/24, R5 attempted to go out to the smoke shack and writer denied her due to R5's eyes being barely open. Later, around midnight, NA spotted her on the camera in the smoke shack.			
Residents Affected - Few	3/9/24, at approximately 1:00 a.m. R5 wanted to go out to the smoke shack. Writer told her no as her eyes were barely open and she was wearing only her bra with a winter coat unzipped. R5 went back to her room and returned about 30 minutes later with a shirt on but no coat and went out to smoke.			
	3/13/24, R5 was awake all night going to the smoke shack, eyes barely open and sometimes going when staff were with other residents.			
	3/15/24, R5 went to nurses station, gait somewhat unsteady and eyes closed. When R5 opened her eyes they were red and R5 had slurred speech. Writer asked R5 not to go to the smoke shack and R5 stated she had just woken up. R5 had been to the smoke shack at least 4-5 times.			
	3/17/24, At approximately 12:15 a.m. R5 was found on the floor by staff. R5 had just gone out to smoke and smelled like marijuana.			
	3/18/24, R5 was observed on the floor watching a movie and asked for assistance back to bed. Writer asked her how she got on the floor and R5 stated, I was waiting for the floor to come to me and it took so long so I came to the floor and said I had important things to do with the floor. It was noted 20 minutes before, R5 had been in the smoke shack smoking her marijuana. When asked if she was okay R5 stated, yes, I'm just high. 3/18/24, IDT discussed falls. R5 had fallen twice and had been smoking marijuana prior to each fall. Interventions to revisit contract and provide education.			
	3/18/24, Another resident reported that R5 was sleepwalking and went into another residents room around 4:00 a.m.			
	3/29/24, R5 was noted to come back inside facility with no jacket and her walker in the smoking area.			
	3/29/24, R5 was noted to be in another residents room attempting to remove the toilet seat riser. Staff assisted R5 back to her room. R5 stated she was going out to smoke and was not able to be redirected.			
	(continued on next page)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER Villa St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE 516 Walsh Street Crookston, MN 56716	
For information on the nursing home's plan to correct this deficiency, please		ontact the nursing home or the state survey agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		ants and her shirt only reached to e seen on the camera at the nurses building at 3:02 p.m. At 4:03 p.m. is time. R5 was seen on the camera iff was in the area. At 4:32 p.m. R5 she placed under the seat of her 5:04 p.m. R5 left her room and intered to smoking area. R5 smoked a one [NAME]. At 5:09 p. id returned to her room. During the work on the unit but said she was seets. NA-A said she was aware R5 but was not sure how much or how ide. familiar with R5. NA-B said she was sut. NA-B said she did not know was a fall risk and said fall arijuana use and said one time he k whoever was at the desk and had R5 had not fallen on the day shift cions included proper footwear and oked marijuana and said she did and did not tell staff when she was aw signs of her being high, like if is said there were times when she received any direction to monitor A stated she was not sure what is stated she was aware R5 smoked if restrictions on the times R5 could

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few			eck to make sure she was not sesn't have to check out. R5 said ody monitors it. R5 said she had he facility when it became legal. sence of marijuana, R5 stated 50%. In the unit about once a month but it she is kind of overdoing it a little ombie-ish. NA-D said she was not over the combie-ish. NA-D said following that ract. RN-A stated R5 had denied in that was completed due to R5's safe to smoke. RN-A stated if one safe to get to the smoking area safe to go outside. LSW-A said mpaired. LSW-A said the charge nurses, are contract to only smoke it 2-3 my times R5 was going outside. Sw. A stated the charge nurses, are contract to only smoke it 2-3 my times R5 was going outside. Sw. A and RN-A had many nead proposed the idea about using on't enough. The DON stated due one could monitor the amount of one could monitor the

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