LA CRESCENT HEALTH SERVICES

Report ID: CCN 245319
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§ 1 Facility Identity

Facility	LA CRESCENT HEALTH SERVICES
CCN	245319
Location	101 SOUTH HILL STREET, LA CRESCENT, MN, 55947
Ownership type	For profit - Limited Liability company
Certified beds	42

§ 2 CMS Federal Record

Civil money penalties on file	$0
Deficiency citations — current cycle	22 (1000% vs prior 24 months (2))
Deficiency citations — prior 24 months	2
Immediate Jeopardy — current cycle	**1**
Actual-harm (G+) citations — current cycle	0
Special Focus Facility status	Not listed
Abuse icon	No

§ 3 Federal Penalties in Context

This facility — penalties on file	$0
MN state average	$20,689 (this facility is 0.0× the MN average)
National average	$31,239 (this facility is 0.0× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 22 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F684	Provide appropriate treatment and care according to orders, resident's preferences and goals.	**J · Immediate Jeopardy**	Standard survey
F841	Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility.	F	Standard survey
F804	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.	E	Standard survey
F554	Allow residents to self-administer drugs if determined clinically appropriate.	D	Standard survey
F580	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.	D	Standard survey
F605	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.	D	Standard survey
F628	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.	D	Standard survey
F656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.	D	Standard survey
F658	Ensure services provided by the nursing facility meet professional standards of quality.	D	Standard survey
F686	Provide appropriate pressure ulcer care and prevent new ulcers from developing.	D	Standard survey
F693	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.	D	Standard survey
F695	Provide safe and appropriate respiratory care for a resident when needed.	D	Standard survey

F698	Provide safe, appropriate dialysis care/services for a resident who requires such services.	D	Standard survey
F710	Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.	D	Standard survey
F756	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.	D	Standard survey
F759	Ensure medication error rates are not 5 percent or greater.	D	Standard survey
F838	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.	D	Standard survey
F880	Provide and implement an infection prevention and control program.	D	Standard survey
F941	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.	D	Standard survey
F944	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.	D	Standard survey
F607	Develop and implement policies and procedures to prevent abuse, neglect, and theft.	D	Complaint
F577	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.	C	Standard survey

§ 5 Ownership & Chain Context

Ownership record	Chain: NORTH SHORE HEALTHCARE (59 facilities); Owner on file: NSHC WISCONSIN LLC (organization)
Ownership chain	NORTH SHORE HEALTHCARE (59 facilities)
Penalties vs chain average	$0 vs $16,788 (0.0× the chain average)
Current deficiencies vs chain average	22 vs 8.0 (2.8× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	1 / 5 (state avg 3.2 · US avg 3)
Health inspection	1 / 5 (state avg 2.8 · US avg 2.8)
Staffing	4 / 5 (state avg 4.1 · US avg 2.9)
Quality measures (QM)	2 / 5 (state avg 3.2 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/245319
Snapshot SHA-256	520ec7ec191ff10244f1768865fa6361631a4a129791d11320b47863b7bc1339
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 245319.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash 520ec7ec191f.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at https://www.caregiverhelpnow.com/methodology; the Snapshot SHA-256 above pins this record to that methodology version.

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