



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 10, 2023

Administrator
The Estates At Roseville LLC
2727 North Victoria
Roseville, MN 55113

RE: CCN: 245105
Cycle Start Date: January 10, 2023

Dear Administrator:

On January 20, 2023, we notified you a remedy was imposed. On February 7, 2023 the Minnesota Department of Health 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 3, 2023.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective February 4, 2023 did not go into effect. (42 CFR 488.417 (b))

However, as we notified you in our letter of January 20, 2023, 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 January 10, 2023. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

February 10, 2023

Administrator
The Estates At Roseville LLC
2727 North Victoria
Roseville, MN 55113

Re: Reinspection Results
Event ID: 8V7O12

Dear Administrator:

On February 7, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on January 10, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue ink that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted
January 20, 2023

Administrator
The Estates At Roseville LLC
2727 North Victoria
Roseville, MN 55113

RE: CCN: 245105
Cycle Start Date: January 10, 2023

Dear Administrator:

On January 10, 2023, survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **both substandard quality of care and immediate jeopardy** to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J) whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On January 10, 2023, the situation of immediate jeopardy to potential health and safety cited at F689 was removed. However, continued non-compliance remains at the lower scope and severity of D.

REMEDIES

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 Region V Office for imposition: The CMS Region V Office 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 February 4, 2023.

This Department is also recommending that CMS impose a civil money penalty (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 4, 2023, (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 4, 2023, (42 CFR 488.417 (b)).

The Estates At Roseville LLC

January 20, 2023

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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.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,292; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective January 10, 2023. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

SUBSTANDARD QUALITY OF CARE

Your facility's deficiencies with with one or more of the following: §483.10, Residents Rights, §483.12, Freedom from Abuse, Neglect, and Exploitation, §483.15, Quality of Life and §483.25, Quality of Care, 483.40 Behavioral Health Services, §483.45 Pharmacy Services, §483.70 Administration, or §483.80 Infection control has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) require that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at Sections 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, The Estates At Roseville Llc is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective January 10, 2023. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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.

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 "E" tag), i.e., the plan of correction should be directed to:

Renee McClellan, Unit Supervisor
Metro A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: renee.mcclellan@state.mn.us
Office: 651-201-4391 Mobile: 651-328-9282

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, Licensing and Certification Program 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

The Estates At Roseville LLC

January 20, 2023

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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 July 10, 2023 (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 DENIAL OF PAYMENT

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:

Steven.Delich@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) 565-9462

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

The Estates At Roseville LLC

January 20, 2023

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this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at 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

A request for a hearing should identify the specific issues and the 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. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, 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:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period

The Estates At Roseville LLC

January 20, 2023

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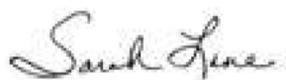
allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "Sarah Lane".

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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

PRINTED: 02/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2023
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NAME OF PROVIDER OR SUPPLIER THE ESTATES AT ROSEVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2727 NORTH VICTORIA ROSEVILLE, MN 55113
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>On 1/9/23 and 1/10/23, a standard abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH). The facility was found not to be in compliance with the requirements of 42 CFR Part 483, Subpart B, requirements for Long Term Care Facilities.</p> <p>The survey resulted in an immediate jeopardy (IJ) and citations at F689. An IJ at F689 began on 12/28/22, when the facility failed to ensure R1, R6, and R7's safety when the lift tipped over while R1 was being transferred, fracturing both femurs, and for R6 and R7 when staff were observed transferring them not following the manufactures instructions. The administrator, and director of nursing (DON) were notified of the IJ on 1/9/23, at 5:40 p.m. The IJ was removed on 1/10/23, at 6:00 a.m.</p> <p>The above findings constituted Substandard Quality of Care and an extended survey was conducted on 1/19/23 through 1/10/23.</p> <p>The following complaints were found to be SUBSTANTIATED: H51057235C (MN89790, MN89728), H51057061C (MN89639).</p> <p>The following complaint was UNSUBSTANTIATED: H51057144C (MN89632).</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</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/24/2023
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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.

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

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NAME OF PROVIDER OR SUPPLIER THE ESTATES AT ROSEVILLE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 NORTH VICTORIA ROSEVILLE, MN 55113		
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F 000	Continued From page 1 be used as verification of compliance.	F 000		
F 689 SS=J	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to follow manufacturer directions while using mechanical full body lifts, by not opening the stabilizing legs fully, for 3 of 3 residents (R1, R6 and R7). This resulted in an immediate jeopardy for R1 when the lift tipped over while R1 was being transferred, fracturing both femurs, and for R6 and R7 when staff were observed transferring them (both R6 and R7) not following the manufactures instructions.</p> <p>The immediate jeopardy began on 12/28/22, when R1 was transferred incorrectly using a full body mechanical lift, the lift tipped over and R1's legs were fractured. The administrator and director of nursing (DON) were notified of the immediate jeopardy on 1/9/22, at 5:40 p.m. The immediate jeopardy was removed on 1/10/23, at</p>	F 689	<p>The facility ensured the safety of R1, R6 and R7 during transfer using a full body lift using the manufacturer's recommended instructions</p> <p>All residents who utilize a full mechanical lift have the potential to be affected</p> <p>Initiate education for Nurse's and CNA's per the manufacturer's instructions for the proper transfer on proper full body lift competency before their next working shift. If they have not completed the competency, they will not be allowed to work</p> <p>DNS/or Designee will audit R1, R6 and R7 as well as 5 full mechanical lift transfers a</p>	1/11/23

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F 689	<p>Continued From page 2</p> <p>6:00 a.m. when it was verified the facility had educated staff and conducted competency evaluations for use of the full body mechanical lifts prior to the start of their next shift. However, noncompliance remained at the lower scope and severity of a D- isolated, scope and severity level, which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated 12/14/22, indicated R1 had intact cognition, was completely dependent on staff for transfers and bed mobility and did not reject cares. Further, the MDS identified a diagnosis of age related osteoporosis.</p> <p>R1's fall care plan revised on 1/2/23, indicated R3 transferred with assist of three utilizing a mechanical lift following the fall on 12/28/22.</p> <p>The nursing home incident report dated 12/29/22, at 4:31 a.m. indicated on 12/28/22, at 11:05 a.m. R1 was being transferred from her bed to the electric wheelchair utilizing a mechanical lift and two staff members when the mechanical lift tipped over and R1 was lowered to the floor. R1 sustained an oblique fracture of the left femur. Audits were completed for each resident utilizing a mechanical lift for the correct sling sizes and accuracy of care planning. The Invacare Reliant 600 manufacturer was the lift being used during the transfer. X-ray results were obtained on 12/29/22, at 3:50 a.m. and R1 was updated on fracture and R1 requested to go to the emergency department. The physician was notified.</p>	F 689	<p>week X 4 weeks, then monthly for 3 months</p> <p>Results of the audit findings will be reviewed at QAPI monthly and to be adjusted based on the audit results</p> <p>Completion date is 01/11/2023</p>	

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F 689	<p>Continued From page 3</p> <p>A late entry nursing note dated 12/28/22, at 11:05 a.m. indicated R1 was being transferred from her bed to the electric wheelchair when during the transfer, R1 was distraught and leaned back in the sling and the lift became unsteady due to the weight redistribution. The note indicated R1 was lowered to the floor by staff.</p> <p>R1's Associated Clinic of Psychology note dated 12/28/22, indicated R1 had rumination regarding her recent fall and worried it could happen again, which was triggering from a previous incident as well. The note indicated R1 may be cautious in attempts to use the lift to transfer.</p> <p>R1's North Star mobile x-ray report dated 12/28/22, indicated R1 had a complete oblique fracture of the left femur with soft tissue swelling.</p> <p>R1's history and physical dated 12/29/22, at 8:44 a.m. indicated R1 was being transferred on 12/28/22, when the mechanical lift tipped over, causing R1 to fall on the floor. R1 was transported by emergency medical services for evaluation on 12/29/22, and was found to have bilateral femoral fractures.</p> <p>A facility audit form dated 12/30/22, indicated R1 required a mechanical lift with an extra large sling and assist of three persons for transfers.</p> <p>R1's physician progress note dated 1/4/23, indicated R1 was admitted to the hospital on 12/29/22, with bilateral subtrochanteric femur fractures after a fall from a mechanical lift at her facility.</p> <p>R1's hospital discharge summary dated 1/5/23,</p>	F 689		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 689	<p>Continued From page 4</p> <p>indicated R1 was admitted on 12/29/22, with bilateral subtrochanteric femur fractures after a fall from a mechanical lift at her facility. R1 underwent a left intramedullary nail (a rod or nail placed in the bone for stablization)on 12/30/22 and no operative intervention on the right.</p> <p>During interview and observation on 1/9/23, at 10:24 a.m. R1 stated the mechanical lift fell over and she fell to the floor and had two fractures and one of the fractures required a rod in her leg. R1 stated she had a dull constant pain, but did not like to take pain medication because of the side effects. R1 stated she returned from the hospital on 1/5/23, and had not gotten out of bed since she returned from the hospital. R1 stated the legs on the mechanical lift were not opened all the way when she fell. R1 stated falling from the lift was scary and started to cry.</p> <p>During observation on 1/9/23, at 10:45 a.m. R1 was in bed and stated to the physical therapist (PT)-C that she did not get up on 1/8/23, because she was scared.</p> <p>During interview on 1/9/23, at 12:33 p.m. maintenance director stated the lifts were checked monthly and routine maintenance performed per manufacturer's recommendations and would be done every two weeks due to R1's fall. The maintenance director stated the Invacare Reliant 600 mechanical lift had a low base in order to fit under beds well and when the legs are open on the lift, it is less likely to tip over.</p> <p>During interview on 1/9/23, at 12:58 p.m. nursing assistant (NA)-H stated she worked as a float NA and stated that usually two staff were needed for a mechanical lift and stated the legs of the lift</p>	F 689		

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OMB NO. 0938-0391

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F 689	<p>Continued From page 5</p> <p>were normally shut as a resident was transferred. NA-H stated if a resident was in bed, the legs of the lift should be shut and then the lift is pulled out and another staff member brings a chair. NA-H verified R1 required three staff to assist with transfers.</p> <p>R6's annual MDS assessment dated 11/18/22, indicated R6 was severely cognitively impaired and required extensive two plus person assistance for all transfers. R6's diagnoses included dementia and age related physical debility.</p> <p>R6's mobility care plan revised 10/21/22 indicated R6 required total assist of two with mechanical lift for all transfers.</p> <p>During observation and interview on 1/9/23, at 12:48 p.m. R6 was in wheel chair waiting to be transferred back to bed. NA-A maneuvered the full mechanical lift over R6 in the wheel chair by opening the legs fully of the mechanical lift . NA-A, NA-B and LPN-A worked together to attach R6's sling to the mechanical lift. R6 was lifted out of the wheel chair and the mechanical lift was pulled away from the wheel chair. NA-A used the manual lever to close the mechanical lift legs. The mechanical lift was pushed to R6's bed, R6 was positioned over the bed and lowered to the bed. The sling was removed. Once the mechanical lift legs were closed, they remained closed throughout the transfer. LPN-A stated R6 was a two-person extensive assist with transfers, but she was helping to ensure the NAs completed the transfer properly.</p> <p>R7's significant change MDS assessment dated 11/1/22, indicated R7 was severely cognitively</p>	F 689		

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F 689	<p>Continued From page 6</p> <p>impaired and required extensive two plus person assistance for all transfers. R7's diagnoses included dementia, Alzheimer's disease, difficulty walking, muscle weakness and unsteady on feet.</p> <p>R7's mobility care plan revised 10/18/22 indicated R7 required total assist of two with mechanical lift for all transfers.</p> <p>During observation and interview on 1/9/23, at 1:01 p.m. R7 was wheeled into the room to transferred to bed. NA-A positioned the mechanical lift over R7's wheel chair with the mechanical lift legs fully open. NA-A and NA-B worked together to attach the sling to the mechanical lift. R7 was lifted off the wheel chair and the mechanical lift was pulled away from the wheel chair. NA-A manually closed the mechanical lift legs and the mechanical lift was turned and moved to position over R7's bed. R7 was lowered to the bed and the sling was removed. NA-B stated the proper way to use a mechanical lift was to have the legs open over the wheel chair and then closed after the mechanical lift was moved away from the wheel chair. NA-A agreed and stated the legs of the mechanical lift were closed after it was pulled away from the wheel chair and remained closed during the remainder of the transfer for both R6 and R7 and it was the proper way to transfer a resident from wheel chair to bed.</p> <p>During interview on 1/9/23, at 1:21 p.m. NA-G stated she reviewed care sheets in order to know how a resident transferred. NA-G stated when transferring a resident from their bed to the chair, the mechanical lift legs are kept closed when they are lifted in bed and the resident is moved in the mechanical lift to their chair, then the legs on the</p>	F 689		

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F 689	<p>Continued From page 7</p> <p>lift are opened prior to lowering the resident to the chair.</p> <p>During interview on 1/9/23, at 1:53 p.m. NA-F stated the legs of the mechanical lift were closed when R1 was transferred prior to the mechanical lift tipping and R1 lowered to the floor. NA-F also stated the legs on the lift are closed when turning a resident and once you face the chair, the legs of the lift are opened to make room for the chair.</p> <p>During interview on 1/9/23, at 2:31 p.m. NA-C was making R7's bed and stated mechanical lift legs should be open the entire time a resident was in the lift. NA-C stated R7's bed had sufficient room under it for the mechanical lift legs to fit while they were fully open.</p> <p>During interview on 1/9/23, at 2:32 p.m. LPN-C stated the legs of the mechanical lift should always be open during a transfer. LPN-C further stated she did not see that NA-A and NA-B had done this incorrectly and that not having the mechanical lift legs fully open during the transfer could result in the mechanical lift tipping over.</p> <p>During interview on 1/9/23, at 2:35 p.m. the assistant director of nursing (ADON) stated R1 used an Invacare 600 lift and used this lift when she fell from it. R1 was an assist of two for transfers with the mechanical lift, but since returning from the hospital, R1 would be transferred with three person assist, but had not gotten up since returning per R1's request. The ADON stated she thought R1 was fearful because she fell and had discomfort from the fall. The ADON stated manufacturer recommendations are the legs of the mechanical lift are to be open at all times, and stated she</p>	F 689		

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F 689	<p>Continued From page 8</p> <p>could not recall if the legs of the mechanical lift were opened or closed when she was called to R1's room post fall.</p> <p>During interview on 1/9/23, at 3:02 p.m. the director of nursing (DON) stated when R1 fell, she was off balance, NA-D tried to step on the leg of the mechanical lift to prevent it from tipping over. The DON stated the legs of the lift should be open when resident is being hooked up and stated NA-D and NA-F stated the legs of the lift were open the entire time. The DON stated the legs of the mechanical lift should be open anytime anyone is in a lift because there needed to be a wider base of support if a resident shifted their weight so they wouldn't tip over.</p> <p>During interview on 1/9/23, at 3:47 p.m. the administrator stated there was no policy on mechanical lifts, they just used the competency. The mechanical lift competency was reviewed and lacked instruction on the position of the legs for transfers.</p> <p>During interview on 1/9/23, at 4:43 p.m. the DON stated for competencies on the mechanical lifts, they trained the trainer, signed them off, and went off the competency check list and verified there was no competency to verify the opening of the mechanical lift legs.</p> <p>During interview on 1/10/23, at 9:15 a.m. the Invacare Reliant 600 manufacturer customer service representative stated after talking to their technical support that the legs of the mechanical lift should not be in the closed position during a transfer because it could cause the lift to be unstable and fall over. She stated the use of the lift is not meant to be used in a closed position.</p>	F 689		

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F 689	<p>Continued From page 9</p> <p>During interview and observation on 1/10/23, at 10:47 a.m. the medical director stated R1's fall contributed to her fractures and stated R1's osteoporosis caused her to be more prone to fractures and wasn't aware the legs of the lift were not opened.</p> <p>A form, Competency 2.0 Mechanical Lifts dated 12/28/22, signed by NA-F indicated 18 specific steps for the skill: mechanical lifts per manufacturer guidelines and Monarch Healthcare management policy and procedure, but it lacked instruction on opening the legs of the lift during transfers.</p> <p>A manufacturer user manual was provided for the Invacare Reliant 450 RPL450-1/2 and Invacare Reliant 600 RPL600-1/2 battery powered patient lift that indicated danger, warning, and caution symbols used within the manual. Danger indicated an imminently hazardous situation which, if not avoided, will result in death or serious injury. Warning indicated a potentially hazardous situation which, if not avoided, could result in death or serious injury. Caution indicated a potentially hazardous situation which, if not avoided, may result in property damage or minor injury or both. A warning symbol for lifting the patient indicated the legs must be in the maximum open/locked position before lifting the patient. Under operation the warning indicated the legs of the lift must be in the maximum open position for optimum stability and safety. If it is necessary to close the legs of the lift to maneuver the lift under a bed, close the legs of the lift only as long as it takes to position the lift over the patient and lift the patient off the surface of the bed. When the legs of the lift are no longer under the bed, return the legs of the lift to the maximum</p>	F 689		

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F 689	Continued From page 10 open position. The IJ was removed on 1/10/23, at 6:00 a.m. when the facility developed and implemented a systemic plan which was verified by observation, interview and document review: The plan included: - The maintenance director inspected and performed routine maintenance per manufacturer's recommendations on the facility's mechanical lifts and will continue to inspect and perform routine maintenance on the facility's mechanical lifts every two weeks. This was verified through interview and document review. - The nursing staff were educated on the manufacturer's instructions on a full body transfer utilizing a mechanical lift. -The nursing staff completed the mechanical lift competency with return demonstration. This was verified through interview and document review. -The mechanical lift manufacturer's instructions were reviewed on 1/9/23, by the DON and will be utilized as the facility policy on mechanical lift full body transfers. This was verified by interview. -R1 was observed for transfer and staff demonstrated knowledge of the manufacturer's recommendations for transfers.	F 689			
F 843 SS=C	Transfer Agreement CFR(s): 483.70(j)(1)(2) §483.70(j) Transfer agreement. §483.70(j)(1) In accordance with section 1861(l) of the Act, the facility (other than a nursing facility which is located in a State on an Indian reservation) must have in effect a written transfer agreement with one or more hospitals approved for participation under the Medicare and Medicaid programs that reasonably assures that-	F 843		1/11/23	

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F 843	<p>Continued From page 11</p> <p>(i) Residents will be transferred from the facility to the hospital, and ensured of timely admission to the hospital when transfer is medically appropriate as determined by the attending physician or, in an emergency situation, by another practitioner in accordance with facility policy and consistent with state law; and</p> <p>(ii) Medical and other information needed for care and treatment of residents and, when the transferring facility deems it appropriate, for determining whether such residents can receive appropriate services or receive services in a less restrictive setting than either the facility or the hospital, or reintegrated into the community will be exchanged between the providers, including but not limited to the information required under §483.15(c)(2)(iii).</p> <p>§483.70(j)(2) The facility is considered to have a transfer agreement in effect if the facility has attempted in good faith to enter into an agreement with a hospital sufficiently close to the facility to make transfer feasible. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to provide evidence of a written in-effect transfer agreement with one or more hospitals approved for participation under the Medicare and Medicaid programs. This had the potential to affect all 117 residents in the facility who could require hospitalization on an emergent basis.</p> <p>Findings include:</p> <p>During the extended survey on 1/9/23 through 1/10/23, a written transfer agreement was requested to demonstrate the facility had a</p>	F 843	<p>Facility has a written ineffect transfer agreement with Regions Hospital approved for participation under Medicare and Medicaid Programs</p> <p>All current 117 residents at the facility have the potential to be affected who could require hospitalization on an emergent basis</p> <p>Administrator has been re-educated on proper documentation that constitutes a Hospital Transfer Agreement</p>	

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F 843	<p>Continued From page 12</p> <p>transfer agreement in place with Medicare and Medicaid participating hospitals.</p> <p>The facility provided a request for Community-Wide Transfer Agreement between Hospitals and Related Health Facilities in the Minnesota Seven County Metropolitan Area signed on 1/9/23, by the administrator, but lacked any receiving hospital signatures.</p> <p>During interview on 1/10/23, at 3:46 p.m. the administrator stated the facility submitted this same agreement two times - once on 11/13/17 during the facility's only other extended survey, and again on 1/9/23, during the current extended survey. Administrator stated the facility had not received back any confirmation or signed agreement by any hospital.</p> <p>Review of the Transfer Agreement policy revised 3/17, indicated the facility had a transfer agreement in place with a designated hospital should any resident need care that was beyond the scope of the care and services provided by the facility. The policy further indicated the transfer agreement was "in writing and authorized by individuals who permitted to execute such an agreement on behalf of the institutions."</p>	F 843	<p>Administrator/or Designee will audit Hospital Transfer Agreement monthly then quarterly</p> <p>Results of the audit findings will be reviewed at QAPI and to be adjusted based on audit results</p> <p>Completion date is 01/11/2023</p>	



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 20, 2023

Administrator
The Estates At Roseville LLC
2727 North Victoria
Roseville, MN 55113

Re: State Nursing Home Licensing Orders
Event ID: 8V7O11

Dear Administrator:

The above facility was surveyed on January 9, 2023 through January 10, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

The Estates At Roseville LLC

January 20, 2023

Page 2

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/RULES.

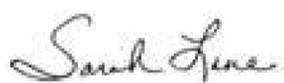
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Renee McClellan, Unit Supervisor
Metro A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: renee.mcclellan@state.mn.us
Office: 651-201-4391 Mobile: 651-328-9282

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.

Please feel free to call me with any questions.

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00497	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2023
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">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: On 1/9/23 and 1/10/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found not in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/24/23
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Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER THE ESTATES AT ROSEVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2727 NORTH VICTORIA ROSEVILLE, MN 55113
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2 000	<p>Continued From page 1</p> <p>The following complaint was found to be SUBSTANTIATED: H51057235C (MN89790, MN89728), with a licensing order issued at 830. The following complaint was found to be SUBSTANTIATED: H51057061C (MN89639), however no licensing orders were issued due to actions taken by the facility prior to survey. The following complaint was UNSUBSTANTIATED: H51057144C (MN89632). The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will</p>	2 000		
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2 000	Continued From page 2 be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. 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.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to follow manufacturer directions while using mechanical full body lifts, by not opening the stabilizing legs fully, for 3 of 3 residents (R1, R6 and R7). This resulted in an immediate jeopardy for R1 when the lift tipped over while R1 was being transferred, fracturing	2 830	Corrected	1/11/23

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2 830	<p>Continued From page 3</p> <p>both femurs, and for R6 and R7 when staff were observed transferring them (both R6 and R7) not following the manufactures instructions.</p> <p>The immediate jeopardy began on 12/28/22, when R1 was transferred incorrectly using a full body mechanical lift, the lift tipped over and R1's legs were fractured. The administrator and director of nursing (DON) were notified of the immediate jeopardy on 1/9/22, at 5:40 p.m. The immediate jeopardy was removed on 1/10/23, at 6:00 a.m. when it was verified the facility had educated staff and conducted competency evaluations for use of the full body mechanical lifts prior to the start of their next shift. However, noncompliance remained at the lower scope and severity of a D- isolated, scope and severity level, which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated 12/14/22, indicated R1 had intact cognition, was completely dependent on staff for transfers and bed mobility and did not reject cares. Further, the MDS identified a diagnosis of age related osteoporosis.</p> <p>R1's fall care plan revised on 1/2/23, indicated R3 transferred with assist of three utilizing a mechanical lift following the fall on 12/28/22.</p> <p>The nursing home incident report dated 12/29/22, at 4:31 a.m. indicated on 12/28/22, at 11:05 a.m. R1 was being transferred from her bed to the electric wheelchair utilizing a mechanical lift and two staff members when the mechanical lift tipped over and R1 was lowered to the floor. R1</p>	2 830		
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2 830	<p>Continued From page 4</p> <p>sustained an oblique fracture of the left femur. Audits were completed for each resident utilizing a mechanical lift for the correct sling sizes and accuracy of care planning. The Invacare Reliant 600 manufacturer was the lift being used during the transfer. X-ray results were obtained on 12/29/22, at 3:50 a.m. and R1 was updated on fracture and R1 requested to go to the emergency department. The physician was notified.</p> <p>A late entry nursing note dated 12/28/22, at 11:05 a.m. indicated R1 was being transferred from her bed to the electric wheelchair when during the transfer, R1 was distraught and leaned back in the sling and the lift became unsteady due to the weight redistribution. The note indicated R1 was lowered to the floor by staff.</p> <p>R1's Associated Clinic of Psychology note dated 12/28/22, indicated R1 had rumination regarding her recent fall and worried it could happen again, which was triggering from a previous incident as well. The note indicated R1 may be cautious in attempts to use the lift to transfer.</p> <p>R1's North Star mobile x-ray report dated 12/28/22, indicated R1 had a complete oblique fracture of the left femur with soft tissue swelling.</p> <p>R1's history and physical dated 12/29/22, at 8:44 a.m. indicated R1 was being transferred on 12/28/22, when the mechanical lift tipped over, causing R1 to fall on the floor. R1 was transported by emergency medical services for evaluation on 12/29/22, and was found to have bilateral femoral fractures.</p> <p>A facility audit form dated 12/30/22, indicated R1 required a mechanical lift with an extra large sling</p>	2 830		
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2 830	<p>Continued From page 5</p> <p>and assist of three persons for transfers.</p> <p>R1's physician progress note dated 1/4/23, indicated R1 was admitted to the hospital on 12/29/22, with bilateral subtrochanteric femur fractures after a fall from a mechanical lift at her facility.</p> <p>R1's hospital discharge summary dated 1/5/23, indicated R1 was admitted on 12/29/22, with bilateral subtrochanteric femur fractures after a fall from a mechanical lift at her facility. R1 underwent a left intramedullary nail (a rod or nail placed in the bone for stablization)on 12/30/22 and no operative intervention on the right.</p> <p>During interview and observation on 1/9/23, at 10:24 a.m. R1 stated the mechanical lift fell over and she fell to the floor and had two fractures and one of the fractures required a rod in her leg. R1 stated she had a dull constant pain, but did not like to take pain medication because of the side effects. R1 stated she returned from the hospital on 1/5/23, and had not gotten out of bed since she returned from the hospital. R1 stated the legs on the mechanical lift were not opened all the way when she fell. R1 stated falling from the lift was scary and started to cry.</p> <p>During observation on 1/9/23, at 10:45 a.m. R1 was in bed and stated to the physical therapist (PT)-C that she did not get up on 1/8/23, because she was scared.</p> <p>During interview on 1/9/23, at 12:33 p.m. maintenance director stated the lifts were checked monthly and routine maintenance performed per manufacturer's recommendations and would be done every two weeks due to R1's fall. The maintenance director stated the</p>	2 830		

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2 830	<p>Continued From page 6</p> <p>Invacare Reliant 600 mechanical lift had a low base in order to fit under beds well and when the legs are open on the lift, it is less likely to tip over.</p> <p>During interview on 1/9/23, at 12:58 p.m. nursing assistant (NA)-H stated she worked as a float NA and stated that usually two staff were needed for a mechanical lift and stated the legs of the lift were normally shut as a resident was transferred. NA-H stated if a resident was in bed, the legs of the lift should be shut and then the lift is pulled out and another staff member brings a chair. NA-H verified R1 required three staff to assist with transfers.</p> <p>R6's annual MDS assessment dated 11/18/22, indicated R6 was severely cognitively impaired and required extensive two plus person assistance for all transfers. R6's diagnoses included dementia and age related physical debility.</p> <p>R6's mobility care plan revised 10/21/22 indicated R6 required total assist of two with mechanical lift for all transfers.</p> <p>During observation and interview on 1/9/23, at 12:48 p.m. R6 was in wheel chair waiting to be transferred back to bed. NA-A maneuvered the full mechanical lift over R6 in the wheel chair by opening the legs fully of the mechanical lift . NA-A, NA-B and LPN-A worked together to attach R6's sling to the mechanical lift. R6 was lifted out of the wheel chair and the mechanical lift was pulled away from the wheel chair. NA-A used the manual lever to close the mechanical lift legs. The mechanical lift was pushed to R6's bed, R6 was positioned over the bed and lowered to the bed. The sling was removed. Once the mechanical lift legs were closed, they remained</p>	2 830		
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2 830	<p>Continued From page 7</p> <p>closed throughout the transfer. LPN-A stated R6 was a two-person extensive assist with transfers, but she was helping to ensure the NAs completed the transfer properly.</p> <p>R7's significant change MDS assessment dated 11/1/22, indicated R7 was severely cognitively impaired and required extensive two plus person assistance for all transfers. R7's diagnoses included dementia, Alzheimer's disease, difficulty walking, muscle weakness and unsteady on feet.</p> <p>R7's mobility care plan revised 10/18/22 indicated R7 required total assist of two with mechanical lift for all transfers.</p> <p>During observation and interview on 1/9/23, at 1:01 p.m. R7 was wheeled into the room to transferred to bed. NA-A positioned the mechanical lift over R7's wheel chair with the mechanical lift legs fully open. NA-A and NA-B worked together to attach the sling to the mechanical lift. R7 was lifted off the wheel chair and the mechanical lift was pulled away from the wheel chair. NA-A manually closed the mechanical lift legs and the mechanical lift was turned and moved to position over R7's bed. R7 was lowered to the bed and the sling was removed. NA-B stated the proper way to use a mechanical lift was to have the legs open over the wheel chair and then closed after the mechanical lift was moved away from the wheel chair. NA-A agreed and stated the legs of the mechanical lift were closed after it was pulled away from the wheel chair and remained closed during the remainder of the transfer for both R6 and R7 and it was the proper way to transfer a resident from wheel chair to bed.</p> <p>During interview on 1/9/23, at 1:21 p.m. NA-G</p>	2 830		

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2 830	<p>Continued From page 8</p> <p>stated she reviewed care sheets in order to know how a resident transferred. NA-G stated when transferring a resident from their bed to the chair, the mechanical lift legs are kept closed when they are lifted in bed and the resident is moved in the mechanical lift to their chair, then the legs on the lift are opened prior to lowering the resident to the chair.</p> <p>During interview on 1/9/23, at 1:53 p.m. NA-F stated the legs of the mechanical lift were closed when R1 was transferred prior to the mechanical lift tipping and R1 lowered to the floor. NA-F also stated the legs on the lift are closed when turning a resident and once you face the chair, the legs of the lift are opened to make room for the chair.</p> <p>During interview on 1/9/23, at 2:31 p.m. NA-C was making R7's bed and stated mechanical lift legs should be open the entire time a resident was in the lift. NA-C stated R7's bed had sufficient room under it for the mechanical lift legs to fit while they were fully open.</p> <p>During interview on 1/9/23, at 2:32 p.m. LPN-C stated the legs of the mechanical lift should always be open during a transfer. LPN-C further stated she did not see that NA-A and NA-B had done this incorrectly and that not having the mechanical lift legs fully open during the transfer could result in the mechanical lift tipping over.</p> <p>During interview on 1/9/23, at 2:35 p.m. the assistant director of nursing (ADON) stated R1 used an Invacare 600 lift and used this lift when she fell from it. R1 was an assist of two for transfers with the mechanical lift, but since returning from the hospital, R1 would be transferred with three person assist, but had not gotten up since returning per R1's request. The</p>	2 830		
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2 830	<p>Continued From page 9</p> <p>ADON stated she thought R1 was fearful because she fell and had discomfort from the fall. The ADON stated manufacturer recommendations are the legs of the mechanical lift are to be open at all times, and stated she could not recall if the legs of the mechanical lift were opened or closed when she was called to R1's room post fall.</p> <p>During interview on 1/9/23, at 3:02 p.m. the director of nursing (DON) stated when R1 fell, she was off balance, NA-D tried to step on the leg of the mechanical lift to prevent it from tipping over. The DON stated the legs of the lift should be open when resident is being hooked up and stated NA-D and NA-F stated the legs of the lift were open the entire time. The DON stated the legs of the mechanical lift should be open anytime anyone is in a lift because there needed to be a wider base of support if a resident shifted their weight so they wouldn't tip over.</p> <p>During interview on 1/9/23, at 3:47 p.m. the administrator stated there was no policy on mechanical lifts, they just used the competency. The mechanical lift competency was reviewed and lacked instruction on the position of the legs for transfers.</p> <p>During interview on 1/9/23, at 4:43 p.m. the DON stated for competencies on the mechanical lifts, they trained the trainer, signed them off, and went off the competency check list and verified there was no competency to verify the opening of the mechanical lift legs.</p> <p>During interview on 1/10/23, at 9:15 a.m. the Invacare Reliant 600 manufacturer customer service representative stated after talking to their technical support that the legs of the mechanical</p>	2 830		
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2 830	<p>Continued From page 10</p> <p>lift should not be in the closed position during a transfer because it could cause the lift to be unstable and fall over. She stated the use of the lift is not meant to be used in a closed position.</p> <p>During interview and observation on 1/10/23, at 10:47 a.m. the medical director stated R1's fall contributed to her fractures and stated R1's osteoporosis caused her to be more prone to fractures and wasn't aware the legs of the lift were not opened.</p> <p>A form, Competency 2.0 Mechanical Lifts dated 12/28/22, signed by NA-F indicated 18 specific steps for the skill: mechanical lifts per manufacturer guidelines and Monarch Healthcare management policy and procedure, but it lacked instruction on opening the legs of the lift during transfers.</p> <p>A manufacturer user manual was provided for the Invacare Reliant 450 RPL450-1/2 and Invacare Reliant 600 RPL600-1/2 battery powered patient lift that indicated danger, warning, and caution symbols used within the manual. Danger indicated an imminently hazardous situation which, if not avoided, will result in death or serious injury. Warning indicated a potentially hazardous situation which, if not avoided, could result in death or serious injury. Caution indicated a potentially hazardous situation which, if not avoided, may result in property damage or minor injury or both. A warning symbol for lifting the patient indicated the legs must be in the maximum open/locked position before lifting the patient. Under operation the warning indicated the legs of the lift must be in the maximum open position for optimum stability and safety. If it is necessary to close the legs of the lift to maneuver the lift under a bed, close the legs of the lift only</p>	2 830		
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2 830	<p>Continued From page 11</p> <p>as long as it takes to position the lift over the patient and lift the patient off the surface of the bed. When the legs of the lift are no longer under the bed, return the legs of the lift to the maximum open position.</p> <p>The IJ was removed on 1/10/23, at 6:00 a.m. when the facility developed and implemented a systemic plan which was verified by observation, interview and document review. The plan included:</p> <ul style="list-style-type: none"> - The maintenance director inspected and performed routine maintenance per manufacturer's recommendations on the facility's mechanical lifts and will continue to inspect and perform routine maintenance on the facility's mechanical lifts every two weeks. This was verified through interview and document review. - The nursing staff were educated on the manufacturer's instructions on a full body transfer utilizing a mechanical lift. -The nursing staff completed the mechanical lift competency with return demonstration. This was verified through interview and document review. -The mechanical lift manufacturer's instructions were reviewed on 1/9/23, by the DON and will be utilized as the facility policy on mechanical lift full body transfers. This was verified by interview. -R1 was observed for transfer and staff demonstrated knowledge of the manufacturer's recommendations for transfers. <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designee should review policies and procedures, train staff, and implement measures to ensure staff are appropriately trained to operate mechanical lifts according to manufacturer's instructions. The facility should ensure lift manuals are easily</p>	2 830		
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2 830	<p>Continued From page 12</p> <p>accessible and staff are deemed competent to operators instructions. The director of nursing or designee, should conduct audits of the delivery of care with lift use and competencies are performed. The results of those audits should be taken to QAPI to determine compliance or the need for ongoing monitoring.</p> <p>TIMEFRAME FOR CORRECTION: Twenty-One (21) days.</p>	2 830		