Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
March 7, 2024

Administrator
Madonna Towers Of Rochester Inc
4001 19th Avenue Northwest
Rochester, MN 55901

RE: CCN: 245153
Cycle Start Date: January 30, 2024

Dear Administrator:

On February 29, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 7, 2024

Administrator
Madonna Towers Of Rochester Inc
4001 19th Avenue Northwest
Rochester, MN 55901

Re: Reinspection Results
Event ID: KWKM12

Dear Administrator:

On February 29, 2024 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 30, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 6, 2024

Administrator
Madonna Towers Of Rochester Inc
4001 19th Avenue Northwest
Rochester, MN 55901

RE: CCN: 245153
Cycle Start Date: January 30, 2024

Dear Administrator:

On January 30, 2024, a 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.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable 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.

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.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F"and/or an "E" tag), i.e., the plan of correction should be directed to:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 the 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 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 THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by April 30, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by July 30, 2024 (six months after the identification of noncompliance) your provider agreement will be terminated. 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.

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 allotted for submitting an acceptable electronic 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,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245153	A. BUILDING _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADONNA TOWERS OF ROCHESTER INC	4001 19TH AVENUE NORTHWEST ROCHESTER, MN 55901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 1/29/24, and 1/30/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H51539128C (MN100156) with a deficiency cited at F689. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 689 SS=D	. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §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 §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	F 689	R1, R2 and R3 were assessed for correct	2/27/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/14/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	Continued From page 1 review the facility failed to ensure process's were followed for safe mechanical lift transfers for 3 of 18 residents (R1, R2, R3) reviewed for safety with mechanical lift transfers. Findings include: R1: R1's admission Minimum Data Set (MDS) dated 12/7/23, identified R1 had severe cognitive impairment. R1 had impaired range of motion (ROM) on one side of lower extremity and was completely dependent on staff for all transfers. R1's undated Facesheet identified diagnoses of right leg above the knee amputation, history of falling, and dementia. R1's care plan dated 12/8/23, identified R1 had a self-care deficit with transfers. An intervention on 12/22/23, identified R1 required assist of two staff for transfers with a ceiling lift for all transfers. Must use gold full body sling for all transfers; however, did not identify the size of gold sling to be used. R1's physical therapy (PT) treatment encounter note dated 12/22/23, identified R1 utilized a ceiling lift with an assist of two staff. Educated nursing assistant on appropriate sling to use with ceiling lift a motorized device that lifts and transfers a person from point to point along an overhead track) which was gold full body sling; the sling size was not identified. R1's progress note dated 12/22/23, identified R1 required assist of two staff for transfers with a ceiling lift for all transfers. Must use gold full body sling for all transfers; however the lift sling size	F 689	sling size per the mechanical lift manufacturer’s guidelines. Care plans and CNA care guides updated to reflect transfer status, sling sizing, and brand. All facility residents utilizing mechanical lifts for transfers were assessed for correct sling size per mechanical lift manufacturer’s guideline. Care plans and CNA care guides for all residents utilizing mechanical lifts were updated to reflect transfer status, sling sizing, and brand. All facility nursing and therapy personnel received education; including competency and return demonstration, on utilizing mechanical lifts per the manufacturer guidelines: including mechanical lift sizing and operating competencies, and following the resident’s plan of care. Mechanical Lift and Sling orientation and competencies have been added to the facility onboarding checklist. Training and competencies will be completed upon hire, annually, and as needed for all facility nursing and therapy personnel. Random audits, including all facility shifts, will be completed of mechanical lift slings and sizing on a 12-week tapering schedule for residents utilizing mechanical lifts by the facility DON or designee to ensure that standards for quality care are continually met. Any discrepancies will be reported to the Director of Nursing. Audits will be brought to monthly Quality Council with ongoing frequency and duration to be determined through analysis and review of	

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F 689	Continued From page 2 not identified. R1's Fall Event Report dated 1/20/24 at 11:45 a.m., identified R1 was transferred with a full body mechanical lift from the wheelchair to the bed when R1 slipped out of the sling and onto the floor. R1 was transferred back to bed with full body mechanical lift and assist of three staff. R1 complained of right shoulder pain with no ROM concerns. A facility reported incident dated 1/21/24, identified on 1/20/24 at 11:45 a.m. R1 experienced a fall out of the full body lift mechanical sling during cares. The provider and family were notified. R1 was sent to the emergency room (ER) for evaluation returned the same day with no injury. R1's PT treatment encounter note dated 1/23/24, identified safety assessment for use of full body mechanical sling for an amputee. Multiple trials performed with two different style slings; bucket style sling and single limb wrap sling and was determined the bucket style sling with black loops was most appropriate option due to size of R1's right residual limb. PT trained two different aides with return demonstration competency. Discussed making care plan to have sling stay underneath R1 to ensure proper positioning of sling when R1 needed to be transferred out of wheelchair, staff instructed to not use this sling with toileting, only transfers to bed; however, R1's care plan did not identify to not transfer R1 to toilet with this type of sling. During an interview on 1/29/24 at 8:54 a.m., certified occupational therapy assistant (OTA)-A stated that all mechanical lift transfers would be	F 689	results if substantial compliance is not met. Random audits, including all facility shifts, will be completed of transferring resident's per the plan of care on a 12-week tapering schedule for residents utilizing mechanical lifts by the facility DON or designee to ensure that standards for quality care are continually met. Any discrepancies will be reported to the Director of Nursing. Audits will be brought to monthly Quality Council meeting with ongoing frequency and duration to be determined through analysis and review of results if substantial compliance is not met.	

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F 689	Continued From page 3 assisted by two people. The therapy department would help to determine what sling to use on a resident. R1's record lacked evidence a sling size was determined, as part of the assessment process, for a safe transfer with the use of a ceiling lift or a full body mechanical lift; and there was no evidence staff were directed on what sling to use with the full body mechanical lift while the ceiling lift was not available for use. During an interview on 1/29/24, at 8:59 a.m. regional director of clinical services (DOCS)-A identified R1 fell from a full body mechanical lift on 1/20/24, at 11:45 a.m. R1 fell when R1 was transferred with only one staff. The facility policy was to always use two staff with mechanical lift transfers. Also a ceiling repositioning sling was used to try and transfer R1 from the wheelchair to the bed with a full body mechanical lift. Prior to R1's fall on 1/20/24, residents that utilized mechanical lifts were not being assessed for sling sizes. DOCS-A- identified all residents who required a mechanical lift were weighed and the EZ-Way (brand of standing mechanical lift) sling guide was used to determine safe sling size for each resident and each care plan and care guide was updated. DOCS-A identified all nursing and therapy staff were educated and competency tested with the EZ-Way lift, care plan and care guide updated. In addition, audits of resident transfers were being performed to ensure education was effective. On 1/29/24 at 11:37 a.m., R1 laid in bed covered by a sheet. R1 stated that on 1/20/24, NA-A attempted to transfer R1 from wheelchair to bed when the fall happened. R1 identified the ceiling	F 689		

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F 689	Continued From page 4 lift was not used. During an interview on 1/29/24 at 1:50 p.m., NA-A stated that on 1/20/24, R1 needed to use the bathroom. NA-A stated the ceiling lift was not working and staff had to use the EZ-Way smart lift (a name brand full body mechanical lift) to get R1 into bed. NA-A identified the top of the gold sling was placed at the base of R1's neck and tried to shimmy the bottom of the sling to cover the bottom of R1's feet while in the wheelchair. NA-A stated, "the gold sling was huge and covered R1 like a cocoon." NA-A identified the EZ Way smart lift was hooked to the four-point harness sling and R1 was lifted approximately two inches above the wheelchair and NA-A pulled on the sling for adjustment while lifting R2 in the full body mechanical lift. R1 slid out of the sling hitting her right shoulder on the wheelchair cushion and R2's bottom landed on the floor. NA-A stated a picture was taped to the closet that identified only the gold sling could be used for transfers because of R1's right leg amputation. NA-A confirmed the gold sling was supposed to go over R1's head not at the base of the neck. NA-A realized now that was the wrong type of sling to use with the EZ-Way smart lift. During a phone interview on 1/30/24 at 9:22 a.m., LPN-A stated they worked the day shift on 1/20/24. At 11:45 a.m. NA-A was standing outside R1's room requesting help as R1 had slid out of the sling onto the floor. LPN-A identified a gold body sling was used for the transfer of R1 and was the only sling available for staff to use. R1 should have been transferred with two staff and one staff was used for the transfer with R1's fall. R2:	F 689		

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F 689	Continued From page 5 R2's quarterly MDS dated 12/23/23, identified R2 had moderate cognitive impairment and a diagnosis of Parkinson's disease. R2 was dependent with transfers from bed to chair to toilet and required substantial to maximal assist with wheelchair for mobility with no falls identified. R2's care plan updated 1/23/24, with an intervention that included R2 required two staff to assist with use of mechanical lift for toileting and transfers with the use of a beige medium sized sling. R2's care guide updated 1/26/24, identified R2 required two staff assist with use of mechanical lift for toileting and transfers with the use of a beige medium sized sling. During an observation on 1/29/24, at 10:21 a.m. R2 was suspended from a full body mechanical lift being transferred by NA-D and NA-F from the toilet to the wheelchair. R2's sling that had burgundy-colored tubing and a size large tag was identified. During an interview on 1/29/24 at 10:25 a.m. NA-D identified they recently had education on all of the care guides being updated to include the right sized sling to be used for each resident. NA-D stated, "I always use the large toileting sling for R2." NA-D identified the size the care guide directed would be a size medium and beige in color. During an interview on 1/29/24 at 10:54 a.m. NA-E walked to R2's room and identified the large size toileting sling was the one they always used to transfer R2 with. NA-E identified the size	F 689		

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F 689	Continued From page 6 on R2's care guide should be a medium. NA-E stated, "this is the wrong size sling in here, I will take it out and go get a medium sized one. Each resident should have their own sling in their room for infection control purposes." During an interview on 1/29/24 at 11:35 a.m. NA-F verified R2's care plan was not being followed as R2 was transferred to and from the toilet using the wrong size sling, as a large sling was used instead of the medium sized one. R3: R3's quarterly MDS dated 12/21/23, identified R2's had intact cognition and diagnoses included left knee pain and adjustment disorder with depressed mood. R2 was dependent with transfers from bed to chair to toilet and required substantial to maximal assist with wheelchair for mobility with no falls identified. R3's care plan updated 1/23/24, with direction that R3 required two staff assist with use of mechanical lift for toileting and transfers with the use of a beige medium sized sling. On 1/29/24 at 11:20 a.m., R3 was seated in a recliner in her room with her legs extended. R3 stated, "I am on a schedule and prefer to be transferred to the bathroom at 9:00 am and won't need to be transferred again until 6:00 p.m." R3 identified two staff always assist to transfer with the sling and R3 identified the lift sling staff used on R3 by pointing to the sling with burgundy colored tubing and was a size large that was the chair, and it was the same one staff used earlier in the day when they toileted R3..	F 689		

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F 689	Continued From page 7 During an interview on 1/29/24 at 11:42 a.m. clinical manager (CM)-B walked to R3's room and identified the sling in R3's chair was a large sling and R3 was care planned to use a medium size sling. CM-B removed the large sized sling from R3's room. During an interview on 1/29/24 at 12:05 p.m., DOCS-A identified R2 was transferred with a large sized sling instead of the care planned medium sized sling. The aides should always look at their care guides to ensure they are using the right sized sling for transfers. Our policy was for each resident to have their own sling in their room to avoid confusion and for infection control purposes. DOCS-A identified an unawareness of the wrong sized sling being in R3's room and verified R3 should be transferred with a medium sling per care plan and resident safety to reduce the risk of falls. The facility policy Mechanical Lift dated 12/02, identified the mechanical lift was used to lift/transfer a heavy and/or dependent resident and included the following direction: "A minimum of two (2) staff will operate/be present during transfer. PROCEDURE 1. Identify the resident by reading the wristband or other method. 2. Explain what you would like to do to the resident. 3. Wash hands. 4. Gather supplies 5. Mechanical lift with sling a. Wheelchair/Chair b. Blanket/lap robe 6. Obtain assistance of another staff member to assist with transfer procedure. 7. Provide privacy. 8. Position the wheelchair/chair near the bed. 9. Raise the bed to working level. 10. Lock the brakes of the bed. 11. Inspect the lift sling for possible tears or weak areas. 12. Roll the resident to one side and place the sling halfway under the resident. 13. Rolls the resident to the	F 689		

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F 689	Continued From page 8 other side and pull the sling through, smoothing while checking for correct placement. 14. Roll the resident back onto the center of the sling. 15. Raise the head of the bed slightly. 16. Position lift over the bed. 17. Guide the lift to the proper position. 18. Attach the sling to the lift according to manufacturer's instructions. 19. Instruct the resident to fold hands over his/her chest or hold on to the frame of the lift. Monitor all tubing, i.e., catheters, IV tubing, etc. to prevent displacement. 20. Lower the level of the bed as the lift raises the resident off the bed, until the resident's buttocks have cleared the bed. 20. Steady the resident while in the sling while positioning the lift/sling over the chair. 21. Lock wheelchair legs. 22. Stand behind the chair and place arms around the resident's waist or use the handle that may be on the back of the sling to guide the resident until he/she is lowered into a sitting position in the chair. 23. Disconnect the sling according to manufacturer's instructions. 24. Move the lift away from the chair. 25. Position the resident's feet on chair rests as appropriate, Cover legs and lap with blanket. 26. Leave the resident comfortable, Place call light within reach. 27. Return mechanical lift to storage area; DO NOT leave the lift in the resident's room. 28. Wash hands. 29. Report/record resident position, reaction to procedure and tolerance. 30. To transfer resident to bed, reverse the process, washing hands before and after transfer." The EZ Way Smart lift operator's instructions revised 6/14/23, identified The EZ Way Smart Lift'" was designed primarily to lift patients from the bed, chair, toilet, and floor. The maximum lifting capacity is located by the model and serial number of your lift. For safe operation of the EZ	F 689		

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	245153	A. BUILDING _____ B. WING _____	C 01/30/2024

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F 689	Continued From page 9 Way Smart Lift'", operators should watch the training video, read through this manual, complete the competency checklist, and practice on fellow staff members before use with patients. Do not modify the sling design in any way. Please make sure the accessories used with each lift are appropriate for both the patient and the transferring situation. EZ Way slings are made specifically for EZ Way Smart Lift's. For the safety of the patient and caregiver, only EZ Way slings should be used with EZ Way lifts. Warning: For safe operation of the EZ Way Smart Lift, the lift must be used by trained personnel in accordance with the operator's manual, video, and training checklist to avoid injury to the patient. Multipurpose slings these slings are used primarily for above the knee amputees and people with large thighs and delicate skin. EZ Way Sling Sizing Chart revised 7/31/18, identified sling color coding system was used on the binding of slings, not used with specialty slings. It is important that the base of the sling be positioned two inches below the tailbone and the top of the sling is parallel with the top of the shoulder line (base of the neck). Note: The size/weight designations are merely estimates and basic guidelines. A proper fit will depend on factors other than weight measurements, including the height and girth of the patient. A proper fit will involve the judgement of the care giver. Applied to washable and disposable slings: -size small: 70 - 100 pounds (lbs.) and height from patients tailbone to base of neck 21 inches, gray color -size medium: 90 - 220 lbs., height 24 inches, beige color -size large: 190 - 320 lbs., height 26 inches, burgundy color	F 689		

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F 689	Continued From page 10 -size extra-large: 280 - 450 lbs., height 29 inches, green color -size XXL: 400 - 600 lbs., height 36 inches, black color -size XXXL: 600 + lbs., height 37 inches, brown color The Guldmann Ceiling Hoist manufacturer instructions dated 12/11, identified a "Purpose and use: the GH2 is a ceiling-mounted hoist that covers the need for lifting and moving people in hospitals, at nursing homes, institutions, swimming pools, riding schools and in private homes. The preconditions for using the GH2 hoist are that: the staff who operate this aid facility have received training, the instruction offered by Guldmann to all customer groups in connection with the purchase of a ceiling-mounted hoist has been received, the caregiver pays close attention to the well-being of the person being lifted, the hoist is used in rail systems approved and tested in acc. with Guldmann' s stipulations, installation and testing of rail systems should only be performed by Guldmann-approved engineers. the hoist is used with a Guldmann lifting hanger or with another suitable lifting hanger. The hoist is used with a Guldmann lifting sling. Slings made by other manufacturers Guldmann shall not be liable for faults or accidents that occur as a result of using lifting slings made by other manufacturers. If you are in doubt regarding the choice or use of the lifting sling: please contact your supplier. Guldmann shall not be liable for faults or accidents due to incorrect use of the lifting sling, or for reasons of inadequate attention on the part of the carer or user." The Guldmann repositioning sling manual dated 8/23, identified the intended purpose was for	F 689		

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F 689	Continued From page 11 lifting or supporting a person or body parts of a person. Area of use the sling was suited for use in hospitals, nursing homes, institutions, rehabilitation centers and in private homes. Conditions of use was designed for use with ceiling hoist systems and was suitable for placing users in lateral position, repositioning in a bed, lift of head and trunk to half-sitting position, supine lateral transfers to other surfaces such as beds and stretchers, or in connection with change of linen. The use of the sling is subject to the following: The sling is used by trained staff or persons who have been instructed in the use of the sling in question. The sling is used for lifting or repositioning a person in a lying position. The helper pays attention to the well-being of the user when using the sling. The sling is used with the Guldmann lifting hanger. Important! Plan the move. Never leaving the user in the lifting sling unattended. Do not start to lift until it has been checked that the user cannot get trapped and that the sling does not catch on the bed, wheelchair, or other obstacles. The user's head, arms, hands, and feet must not be in danger of becoming trapped. Be careful with any tubes and wires that are attached to the user and/or equipment. Check that the hand control and hand control cable is free of hanger, patient and other object before the hoist is activated up. Guldmann shall not be liable for faults or accidents due to incorrect use of the lifting sling, or for reasons of inadequate attention on the part of the carer or user. If the sling is used in combination with products that are not manufactured by Guldmann, a risk assessment must be made by qualified staff. Guldmann shall not be liable for faults or accidents due to incorrect use of the lifting sling, or for reasons of inadequate attention on the part of the carer or user. If the sling is used in	F 689		

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F 689	Continued From page 12 combination with products that are not manufactured by Guldmann, a risk assessment must be made by qualified staff.	F 689		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 6, 2024

Administrator
Madonna Towers Of Rochester Inc
4001 19th Avenue Northwest
Rochester, MN 55901

Re: State Nursing Home Licensing Orders
Event ID: KWKM11

Dear Administrator:

The above facility was surveyed on January 29, 2024 through January 30, 2024 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.

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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00419	A. BUILDING: _____ B. WING _____	C 01/30/2024

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: On 1/29/24, and 1/30/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was not in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and	2 000		

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2 000	Continued From page 1 identify the date when they will be completed. The following complaints were reviewed H51539128C (MN100156) with a licensing order issued at MN Rule 4658.0520 Subp.1 (0830). 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. 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 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.	2 000		

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2 000	Continued From 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.	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 ensure process's were followed for safe mechanical lift transfers for 3 of 18 residents (R1, R2, R3) reviewed for safety with mechanical lift transfers. Findings include: R1: R1's admission Minimum Data Set (MDS) dated 12/7/23, identified R1 had severe cognitive impairment. R1 had impaired range of motion	2 830	Complete 02/27/24	2/27/24

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2 830	Continued From page 3 (ROM) on one side of lower extremity and was completely dependent on staff for all transfers. R1's undated Facesheet identified diagnoses of right leg above the knee amputation, history of falling, and dementia. R1's care plan dated 12/8/23, identified R1 had a self-care deficit with transfers. An intervention on 12/22/23, identified R1 required assist of two staff for transfers with a ceiling lift for all transfers. Must use gold full body sling for all transfers; however, did not identify the size of gold sling to be used. R1's physical therapy (PT) treatment encounter note dated 12/22/23, identified R1 utilized a ceiling lift with an assist of two staff. Educated nursing assistant on appropriate sling to use with ceiling lift a motorized device that lifts and transfers a person from point to point along an overhead track) which was gold full body sling; the sling size was not identified. R1's progress note dated 12/22/23, identified R1 required assist of two staff for transfers with a ceiling lift for all transfers. Must use gold full body sling for all transfers; however the lift sling size not identified. R1's Fall Event Report dated 1/20/24 at 11:45 a.m., identified R1 was transferred with a full body mechanical lift from the wheelchair to the bed when R1 slipped out of the sling and onto the floor. R1 was transferred back to bed with full body mechanical lift and assist of three staff. R1 complained of right shoulder pain with no ROM concerns. A facility reported incident dated 1/21/24, identified on 1/20/24 at 11:45 a.m. R1	2 830		

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2 830	Continued From page 4 experienced a fall out of the full body lift mechanical sling during cares. The provider and family were notified. R1 was sent to the emergency room (ER) for evaluation returned the same day with no injury. R1's PT treatment encounter note dated 1/23/24, identified safety assessment for use of full body mechanical sling for an amputee. Multiple trials performed with two different style slings; bucket style sling and single limb wrap sling and was determined the bucket style sling with black loops was most appropriate option due to size of R1's right residual limb. PT trained two different aides with return demonstration competency. Discussed making care plan to have sling stay underneath R1 to ensure proper positioning of sling when R1 needed to be transferred out of wheelchair, staff instructed to not use this sling with toileting, only transfers to bed; however, R1's care plan did not identify to not transfer R1 to toilet with this type of sling. During an interview on 1/29/24 at 8:54 a.m., certified occupational therapy assistant (OTA)-A stated that all mechanical lift transfers would be assisted by two people. The therapy department would help to determine what sling to use on a resident. R1's record lacked evidence a sling size was determined, as part of the assessment process, for a safe transfer with the use of a ceiling lift or a full body mechanical lift; and there was no evidence staff were directed on what sling to use with the full body mechanical lift while the ceiling lift was not available for use. During an interview on 1/29/24, at 8:59 a.m. regional director of clinical services (DOCS)-A	2 830		

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2 830	Continued From page 5 identified R1 fell from a full body mechanical lift on 1/20/24, at 11:45 a.m. R1 fell when R1 was transferred with only one staff. The facility policy was to always use two staff with mechanical lift transfers. Also a ceiling repositioning sling was used to try and transfer R1 from the wheelchair to the bed with a full body mechanical lift. Prior to R1's fall on 1/20/24, residents that utilized mechanical lifts were not being assessed for sling sizes. DOCS-A- identified all residents who required a mechanical lift were weighed and the EZ-Way (brand of standing mechanical lift) sling guide was used to determine safe sling size for each resident and each care plan and care guide was updated. DOCS-A identified all nursing and therapy staff were educated and competency tested with the EZ-Way lift, care plan and care guide updated. In addition, audits of resident transfers were being performed to ensure education was effective. On 1/29/24 at 11:37 a.m., R1 laid in bed covered by a sheet. R1 stated that on 1/20/24, NA-A attempted to transfer R1 from wheelchair to bed when the fall happened. R1 identified the ceiling lift was not used. During an interview on 1/29/24 at 1:50 p.m., NA-A stated that on 1/20/24, R1 needed to use the bathroom. NA-A stated the ceiling lift was not working and staff had to use the EZ-Way smart lift (a name brand full body mechanical lift) to get R1 into bed. NA-A identified the top of the gold sling was placed at the base of R1's neck and tried to shimmy the bottom of the sling to cover the bottom of R1's feet while in the wheelchair. NA-A stated, "the gold sling was huge and covered R1 like a cocoon." NA-A identified the EZ Way smart lift was hooked to the four-point harness sling and R1 was lifted approximately	2 830		

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2 830	Continued From page 6 two inches above the wheelchair and NA-A pulled on the sling for adjustment while lifting R2 in the full body mechanical lift. R1 slid out of the sling hitting her right shoulder on the wheelchair cushion and R2's bottom landed on the floor. NA-A stated a picture was taped to the closet that identified only the gold sling could be used for transfers because of R1's right leg amputation. NA-A confirmed the gold sling was supposed to go over R1's head not at the base of the neck. NA-A realized now that was the wrong type of sling to use with the EZ-Way smart lift. During a phone interview on 1/30/24 at 9:22 a.m., LPN-A stated they worked the day shift on 1/20/24. At 11:45 a.m. NA-A was standing outside R1's room requesting help as R1 had slid out of the sling onto the floor. LPN-A identified a gold body sling was used for the transfer of R1 and was the only sling available for staff to use. R1 should have been transferred with two staff and one staff was used for the transfer with R1's fall. R2: R2's quarterly MDS dated 12/23/23, identified R2 had moderate cognitive impairment and a diagnosis of Parkinson's disease. R2 was dependent with transfers from bed to chair to toilet and required substantial to maximal assist with wheelchair for mobility with no falls identified. R2's care plan updated 1/23/24, with an intervention that included R2 required two staff to assist with use of mechanical lift for toileting and transfers with the use of a beige medium sized sling. R2's care guide updated 1/26/24, identified R2 required two staff assist with use of mechanical	2 830		

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	00419	A. BUILDING: _____ B. WING _____	C 01/30/2024

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2 830	Continued From page 7 lift for toileting and transfers with the use of a beige medium sized sling. During an observation on 1/29/24, at 10:21 a.m. R2 was suspended from a full body mechanical lift being transferred by NA-D and NA-F from the toilet to the wheelchair. R2's sling that had burgundy-colored tubing and a size large tag was identified. During an interview on 1/29/24 at 10:25 a.m. NA-D identified they recently had education on all of the care guides being updated to include the right sized sling to be used for each resident. NA-D stated, "I always use the large toileting sling for R2." NA-D identified the size the care guide directed would be a size medium and beige in color. During an interview on 1/29/24 at 10:54 a.m. NA-E walked to R2's room and identified the large size toileting sling was the one they always used to transfer R2 with. NA-E identified the size on R2's care guide should be a medium. NA-E stated, "this is the wrong size sling in here, I will take it out and go get a medium sized one. Each resident should have their own sling in their room for infection control purposes." During an interview on 1/29/24 at 11:35 a.m. NA-F verified R2's care plan was not being followed as R2 was transferred to and from the toilet using the wrong size sling, as a large sling was used instead of the medium sized one. R3: R3's quarterly MDS dated 12/21/23, identified R2's had intact cognition and diagnoses included left knee pain and adjustment disorder with	2 830		

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2 830	Continued From page 8 depressed mood. R2 was dependent with transfers from bed to chair to toilet and required substantial to maximal assist with wheelchair for mobility with no falls identified. R3's care plan updated 1/23/24, with direction that R3 required two staff assist with use of mechanical lift for toileting and transfers with the use of a beige medium sized sling. On 1/29/24 at 11:20 a.m., R3 was seated in a recliner in her room with her legs extended. R3 stated, "I am on a schedule and prefer to be transferred to the bathroom at 9:00 am and won't need to be transferred again until 6:00 p.m." R3 identified two staff always assist to transfer with the sling and R3 identified the lift sling staff used on R3 by pointing to the sling with burgundy colored tubing and was a size large that was the chair, and it was the same one staff used earlier in the day when they toileted R3.. During an interview on 1/29/24 at 11:42 a.m. clinical manager (CM)-B walked to R3's room and identified the sling in R3's chair was a large sling and R3 was care planned to use a medium size sling. CM-B removed the large sized sling from R3's room. During an interview on 1/29/24 at 12:05 p.m., DOCS-A identified R2 was transferred with a large sized sling instead of the care planned medium sized sling. The aides should always look at their care guides to ensure they are using the right sized sling for transfers. Our policy was for each resident to have their own sling in their room to avoid confusion and for infection control purposes. DOCS-A identified an unawareness of the wrong sized sling being in R3's room and verified R3 should be transferred with a medium	2 830		

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2 830	Continued From page 9 sling per care plan and resident safety to reduce the risk of falls. The facility policy Mechanical Lift dated 12/02, identified the mechanical lift was used to lift/transfer a heavy and/or dependent resident and included the following direction: "A minimum of two (2) staff will operate/be present during transfer. PROCEDURE 1. Identify the resident by reading the wristband or other method. 2. Explain what you would like to do to the resident. 3. Wash hands. 4. Gather supplies 5. Mechanical lift with sling a. Wheelchair/Chair b. Blanket/lap robe 6. Obtain assistance of another staff member to assist with transfer procedure. 7. Provide privacy. 8. Position the wheelchair/chair near the bed. 9. Raise the bed to working level. 10. Lock the brakes of the bed. 11. Inspect the lift sling for possible tears or weak areas. 12. Roll the resident to one side and place the sling halfway under the resident. 13. Rolls the resident to the other side and pull the sling through, smoothing while checking for correct placement. 14. Roll the resident back onto the center of the sling. 15. Raise the head of the bed slightly. 16. Position lift over the bed. 17. Guide the lift to the proper position. 18. Attach the sling to the lift according to manufacturer's instructions. 19. Instruct the resident to fold hands over his/her chest or hold on to the frame of the lift. Monitor all tubing, i.e., catheters, IV tubing, etc. to prevent displacement. 20. Lower the level of the bed as the lift raises the resident off the bed, until the resident's buttocks have cleared the bed. 20. Steady the resident while in the sling while positioning the lift/sling over the chair. 21. Lock wheelchair legs. 22. Stand behind the chair and place arms around the resident's waist or use the handle that may be on the back of the sling to guide the resident until he/she is lowered into a sitting position in the	2 830		

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2 830	Continued From page 10 chair. 23. Disconnect the sling according to manufacturer's instructions. 24. Move the lift away from the chair. 25. Position the resident's feet on chair rests as appropriate, Cover legs and lap with blanket. 26. Leave the resident comfortable, Place call light within reach. 27. Return mechanical lift to storage area; DO NOT leave the lift in the resident's room. 28. Wash hands. 29. Report/record resident position, reaction to procedure and tolerance. 30. To transfer resident to bed, reverse the process, washing hands before and after transfer." The EZ Way Smart lift operator's instructions revised 6/14/23, identified The EZ Way Smart Lift'" was designed primarily to lift patients from the bed, chair, toilet, and floor. The maximum lifting capacity is located by the model and serial number of your lift. For safe operation of the EZ Way Smart Lift'", operators should watch the training video, read through this manual, complete the competency checklist, and practice on fellow staff members before use with patients. Do not modify the sling design in any way. Please make sure the accessories used with each lift are appropriate for both the patient and the transferring situation. EZ Way slings are made specifically for EZ Way Smart Lift's. For the safety of the patient and caregiver, only EZ Way slings should be used with EZ Way lifts. Warning: For safe operation of the EZ Way Smart Lift, the lift must be used by trained personnel in accordance with the operator's manual, video, and training checklist to avoid injury to the patient. Multipurpose slings these slings are used primarily for above the knee amputees and people with large thighs and delicate skin. EZ Way Sling Sizing Chart revised 7/31/18,	2 830		

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2 830	Continued From page 11 identified sling color coding system was used on the binding of slings, not used with specialty slings. It is important that the base of the sling be positioned two inches below the tailbone and the top of the sling is parallel with the top of the shoulder line (base of the neck). Note: The size/weight designations are merely estimates and basic guidelines. A proper fit will depend on factors other than weight measurements, including the height and girth of the patient. A proper fit will involve the judgement of the care giver. Applied to washable and disposable slings: -size small: 70 - 100 pounds (lbs.) and height from patients tailbone to base of neck 21 inches, gray color -size medium: 90 - 220 lbs., height 24 inches, beige color -size large: 190 - 320 lbs., height 26 inches, burgundy color -size extra-large: 280 - 450 lbs., height 29 inches, green color -size XXL: 400 - 600 lbs., height 36 inches, black color -size XXXL: 600 + lbs., height 37 inches, brown color The Guldmann Ceiling Hoist manufacturer instructions dated 12/11, identified a "Purpose and use: the GH2 is a ceiling-mounted hoist that covers the need for lifting and moving people in hospitals, at nursing homes, institutions, swimming pools, riding schools and in private homes. The preconditions for using the GH2 hoist are that: the staff who operate this aid facility have received training, the instruction offered by Guldmann to all customer groups in connection with the purchase of a ceiling-mounted hoist has been received, the caregiver pays close attention to the well-being of the person being lifted, the hoist is used in rail systems approved and tested	2 830		

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2 830	Continued From page 12 in acc. with Guldmann' s stipulations, installation and testing of rail systems should only be performed by Guldmann-approved engineers. the hoist is used with a Guldmann lifting hanger or with another suitable lifting hanger. The hoist is used with a Guldmann lifting sling. Slings made by other manufacturers Guldmann shall not be liable for faults or accidents that occur as a result of using lifting slings made by other manufacturers. If you are in doubt regarding the choice or use of the lifting sling: please contact your supplier. Guldmann shall not be liable for faults or accidents due to incorrect use of the lifting sling, or for reasons of inadequate attention on the part of the carer or user." The Guldmann repositioning sling manual dated 8/23, identified the intended purpose was for lifting or supporting a person or body parts of a person. Area of use the sling was suited for use in hospitals, nursing homes, institutions, rehabilitation centers and in private homes. Conditions of use was designed for use with ceiling hoist systems and was suitable for placing users in lateral position, repositioning in a bed, lift of head and trunk to half-sitting position, supine lateral transfers to other surfaces such as beds and stretchers, or in connection with change of linen. The use of the sling is subject to the following: The sling is used by trained staff or persons who have been instructed in the use of the sling in question. The sling is used for lifting or repositioning a person in a lying position. The helper pays attention to the well-being of the user when using the sling. The sling is used with the Guldmann lifting hanger. Important! Plan the move. Never leaving the user in the lifting sling unattended. Do not start to lift until it has been checked that the user cannot get trapped and that the sling does not catch on the bed, wheelchair,	2 830		

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2 830	Continued From page 13 or other obstacles. The user's head, arms, hands, and feet must not be in danger of becoming trapped. Be careful with any tubes and wires that are attached to the user and/or equipment. Check that the hand control and hand control cable is free of hanger, patient and other object before the hoist is activated up. Guldmann shall not be liable for faults or accidents due to incorrect use of the lifting sling, or for reasons of inadequate attention on the part of the carer or user. If the sling is used in combination with products that are not manufactured by Guldmann, a risk assessment must be made by qualified staff. Guldmann shall not be liable for faults or accidents due to incorrect use of the lifting sling, or for reasons of inadequate attention on the part of the carer or user. If the sling is used in combination with products that are not manufactured by Guldmann, a risk assessment must be made by qualified staff. SUGGESTED METHOD OF CORRECTION: The DON 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 accessible and staff are deemed competent to operators instructions. The DON 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 the quality assurance team to determine compliance or the need for ongoing monitoring. TIMEFRAME FOR CORRECTION: Twenty-One (21) days.	2 830		