



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

July 8, 2026

Administrator
North Ridge Health And Rehab
5430 BOONE AVENUE NORTH
NEW HOPE, MN 55428

RE: CCN:245183

Cycle Start Date: June 18, 2026

Dear Administrator:

On June 18, 2026, 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
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 September 18, 2026 (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 December 18, 2026 (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)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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:

<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at:

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

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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:

<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112



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July 8, 2026

Administrator
North Ridge Health And Rehab
5430 BOONE AVENUE NORTH
NEW HOPE, MN 55428

Re: State Nursing Home Licensing Orders
Event ID: 23609B-H1

Dear Administrator:

The above facility survey was completed on June 18, 2026 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. 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, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
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.

Sincerely,



Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112



Protecting, Maintaining and Improving the Health of All Minnesotans

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August 19, 2026

Administrator
NORTH RIDGE HEALTH AND REHAB
5430 BOONE AVENUE NORTH
NEW HOPE, MN 55428

RE: CCN: 245183
Cycle Start Date: June 18, 2026

Dear Administrator:

On July 17, 2026, we notified you a remedy was imposed. On July 31, 2026 and August 11, 2026 the Minnesota Departments of Health and Public Safety 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 August 4, 2026.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective September 18, 2026 did not go into effect. (42 CFR 488.417 (b))

In our letter of July 17, 2026, 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 was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 18, 2026 due to denial of payment for new admissions. Since your facility attained substantial compliance on August 4, 2026, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement

Health Regulation Division

Minnesota Department of Health

Kamala.Fiske-Downing@state.mn.us



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August 19, 2026

Administrator
NORTH RIDGE HEALTH AND REHAB
5430 BOONE AVENUE NORTH
NEW HOPE, MN 55428

Re: Reinspection Results
Event ID: 23609B-H2

Dear Administrator:

On August 7, 2026 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 June 18, 2026. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/18/2026	
NAME OF PROVIDER OR SUPPLIER NORTH RIDGE HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
(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
F0000	INITIAL COMMENTS On 6/16/26 to 6/18/26, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with §42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H51832899C (3042128) 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.			F0000			06/24/2026
F0689 SS = E	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 review the facility failed to use the correct brand sling for Hoyer (full-body mechanical lift) in			F0689	Staff Education Any staff responsible for resident transfers were re-educated on: Checking Kardex for transfer status and appropriate sling size. Checking integrity of sling. If any integrity issues are identified, remove sling from service immediately, notify the supervisor and replace it with a new sling. If a resident admits with a sling, verify if the sling is Joerns brand. If it is not, it must be discarded and obtain a Joerns sling.		06/24/2026

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0689 SS = E	Continued from page 1 accordance with manufacturer's instructions for (R1) who had a fall from a lift and failed to ensure comprehensive assessments for Hoyer sling sizes completed according to manufactures recommendations and failed to ensure the sling size was represented on the care plan for 2 of 2 residents (R1, R2) who required Hoyer lifts for transfers. In addition, the facility failed to ensure comprehensive harness assessments were completed to ensure safe transfers for 3 of 3 residents (R3, R4, R5) who required the sit-to-stand mechanical lift for transfers. Findings include: R1 R1's annual Minimum Data Set (MDS) assessment dated 3/25/26, identified R1 had moderate cognitive impairment and no behaviors or rejection of care. R1 had an impairment to one side of upper and lower extremity and was dependent on staff with wheelchair mobility and transfers. The MDS identified R1 had a diagnosis of hemiplegia (a form of paralysis which affects one side of the body) or hemiparesis (weakness or the inability to move on one side of the body). R1's Nursing: Lift and Transfer Evaluation – V 4 dated 4/9/23, identified R1 required transfer assistance with two staff and a floor lift. However, even though R1's weight was 220 pounds on the assessment, a large sling size with a weight range of 301 to 450 pounds was selected instead of the medium size rated for 101 to 300 lbs. In review of the facility Lift and Transfer Evaluation identified inconsistencies for sling size weight ranges when compared to the manufacturer's directions. The facility Nursing: Lift and Transfer Evaluation – V 5 directed staff to assess resident ability to independently transfer, anticipation to require mechanical or physical assistance, cooperation, ability to follow instructions, number of staff required for transfer, ambulatory status, weight bearing status, trunk strength and neck control, ability to maintain a seated position, and weight. The facility transfer assessment directed staff to choose a sling size based on residents' most recent weight with ranges however, the weight ranges were not consistent with the manufacturer's and the assessment did not include or prompt entry points for measurements to ensure proper fit for safety.			F0689	Continued from page 1 Housekeeping/Laundry staff were re-educated on the laundering of slings and inspections to include: Frayed fabric; tears or holes; loose, broken, or missing stitching; damaged loops, straps, or attachment points; any other signs of wear or damage Licensed Nurses were re-educated on completing the lift and transfer UDA which included: Completing the assessment regardless if the resident transfers with a lift or not, and it needs filled out completely If a resident transfers with a hoyer or sit-to-stand lift, you must fill in the resident's current weight and corresponding size of sling. Systemic Changes An inventory of all mechanical lift slings was completed. Slings incompatible with manufacturer recommendations or lacking proper identification were removed from service. Corrective Action for Cited Residents: R1 was immediately assessed following the incident. The incorrect sling was immediately removed from service and replaced with the appropriate size and manufacturer-approved sling for the lift. A lift and transfer assessment was completed for R1 to determine the correct sling size. R1's Kardex was updated to reflect sling size. A lift and transfer assessment was completed for R2 to determine the correct sling size. R2's Kardex was updated to reflect sling size. A lift and transfer assessment was completed for R3, R4, and R5 to determine the appropriate sling size according to the manufacturer's recommendations. R3, R4, and R5's Kardex were updated to reflect sling size.		06/24/2026

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F0689 SS = E	Continued from page 2 -Small 0 pounds to 100 pounds -Medium 101 pounds to 300 pounds -Large 301 pounds to 450 pounds -Extra large 450 pounds to 600 pounds -Bariatric or greater than 500 pounds -Standard Sit to Stand Sling Joerns Healthcare Hoyer Loop Style Sling Color/Size Chart – Standard Size dated 2021, indicated weight range should only be used as a guideline as other factors can affect sizing. The Quickfit and Full Back Hoyer slings were sized as small (red color) from 75 pounds to 150 pounds, medium (yellow color) from 125 pounds to 200 pounds, large (green color) 175 pounds to 350 pounds. Additionally, The Joerns Hoyer Family Brochure dated 2025, identified four measurement areas on a Full Back Sling which included measurement which may represent shoulder-width, shoulders to bottom of backside, shoulders to end of sling, and top of head to shoulders. Three measurement areas on a Quickfit Sling included shoulder width, shoulders to bottom of backside, and shoulders to end of sling. During an interview on 6/17/26 at 11:32 a.m., the director of nursing (DON) reviewed R1’s transfer assessment dated 4/9/23 and verified the inconsistent weight and sling size selection. DON indicated a medium size should have been selected based on the facility assessment weight ranges. During interview on 6/18/26 at 2:16 p.m., Joerns product support representative (PSR)-B stated weight was a general reference for size of slings and resident measurements were more important and the standard for sizing of slings. PSR-B stated to measure residents for sling sizing based on the sling reference points in the family brochure and to assess if resident was pear versus apple shaped R1’s activity of daily living (ADL) care plan dated 4/7/26, identified R1 had an ADL self-care performance deficit related to activity intolerance and required transfers with a Hoyer (brand of full body mechanical lift) lift and two staff. R1’s care plan, Kardex (an electronic file which gives a brief overview of each resident in accordance with residents’ care plans), and point of care tasks did not indicate what size sling to use to transfer R1 at the time of the incident.			F0689	Continued from page 2 Like Residents: A review of current residents requiring mechanical lift transfers, including full-body and sit-to-stand lifts, was completed. Updated lift and transfer assessments were completed, and Kardex's were updated to reflect sling size. Audits: DON or designee to complete an audit of 3 residents on each unit that transfer with a Hoyer lift twice a week x6 weeks. Audits will verify: Sling has no integrity issues Correct brand (Joerns) of sling is being used DON or designee to complete an audit of 3 residents weekly x 4 weeks, then 2 residents weekly x2 weeks. Audits will verify: A lift and transfer assessment has been completed Correct transfer status is identified with corresponding sling size noted on assessment Sling size is noted on the kardex. Audit findings will be reviewed during the Quality Assurance and Performance Improvement (QAPI) Committee meetings. Trends will be analyzed, corrective actions implemented as needed, and monitoring will continue until sustained compliance is demonstrated.		06/24/2026

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F0689 SS = E	Continued from page 3 R1's fall incident report dated 6/10/26 at 6:20 p.m., identified R1's Hoyer sling ripped during a transfer to his bed, and R1 fell to the ground and hit his head. R1 had "blood around the occipital area of the head", and the area was cleansed and pressure applied, and bleeding stopped. R1's provider was notified and was sent to the emergency room. R1's Emergency Department Note dated 6/10/26, identified R1 had no acute fractures or dislocations and no intracranial hemorrhage. The note identified there was "no laceration to close". R1's progress note dated 6/11/26 at 6:33 a.m., identified R1 returned to the facility around 11:00 p.m. on 6/10/26 with no new orders. R1's Nursing: Lift and Transfer Evaluation – V 5 dated 6/10/26, identified R1 required transfer assistance with two staff and a floor lift. The assessment indicated R1 had a twenty-pound weight loss and would require a different size sling; R1's weight was 200.6 pounds and required a medium sized sling based on a weight scale range of 101 to 300 pounds. R1's point of care task on 6/11/26 identified R1 required a medium sized transferring sling. During interview on 6/17/26 at 11:20 a.m., R1's family member showed surveyor a picture of R1 on his bed with a white colored sling underneath him on 6/10/26 at approximately 3:30 p.m. The white colored sling had a green trim. R1's family member stated she had seen the white-colored sling "for a while" and staff used different colored slings to transfer R1. During observation and interview on 6/16/26 at 4:15 p.m., the senior administrator presented the sling used (Medline sling) for R1 on 6/10/26. The sling was white colored with a green colored trim and had eight straps/loops. The sling tag identified the sling was a Medline brand, a large sling size, and had a capacity of 700 pounds. The rip in the sling was about half a foot or less into the edge of the sling around where R1's head and back/side would have been, and the rip was about five feet in length. The brand of sling was different than the ones used by the facility, and the senior administrator was not sure where the sling used for R1 came from. The senior administrator stated the management team returned to the facility the evening of 6/10/26 and removed slings which were not slings from the facility, such as the Medline sling used for R1 on			F0689			06/24/2026

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F0689 SS = E	Continued from page 4 6/10/26. The Medline sling manufacturer's instructions for use dated 12/18/23, directed users to confirm sling compatibility between the connection style of the patient sling and patient lift before use. If other lift cradles were used besides the manufacturer's loop-style 6-point cradle, the user should confirm compatibility between the hoist and the sling. The instructions directed users to refer to the weight capacity of the sling when selecting a size and to use clinical judgment for body shape and patient comfort when selecting between sizes. The instructions directed users to replace slings every six months and never launder a disposable sling. During interview on 6/17/26 at 10:33 a.m., Joerns product support representative (PSR)-A stated the Hoyer lifts the facility used had a six-point spreader bar. PSR-A recommended staff to use the Hoyer brand slings with their lifts, since the slings were specifically designed and tested with their lifts. PSR-A could not guarantee other brands of slings would be compatible with their lifts, because they did not test other brands of slings with their machines. During interview on 6/16/26 at 1:31 p.m., nursing assistant (NA)-F stated she and another staff member transferred R1 on 6/10/26 with a Hoyer sling which was already underneath him. NA-F did not remember what size sling was used and stated she did not see any concerns with the sling before use. NA-F and another staff member attached the sling to the Hoyer lift and lifted up R1 from his wheelchair. Upon removing the wheelchair from underneath him, the sling tore and R1 fell to the floor. NA-F stated all the loops were still hooked onto the lift after the sling tore and R1 fell through the sling. During follow-up interview on 6/17/26 at 8:54 a.m., NA-F stated Hoyer slings were kept in resident rooms. NA-F was not sure how long R1 had the white colored Hoyer sling and stated he had different colored slings staff used with him. NA-F stated she had placed white colored slings in the laundry previously when she saw them. During interview on 6/16/26 at 2:31 p.m., registered nurse (RN)-E stated he worked the evening of 6/10/26 and responded to the alert R1 fell from the Hoyer sling. RN-E stated R1 had a small cut on the back of his head, and RN-E cleansed the area with saline and applied pressure to stop the bleeding. RN-E notified R1's family, provider, and the			F0689			06/24/2026

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F0689 SS = E	Continued from page 5 supervisor and sent R1 to the hospital. RN-E stated when he first entered the room, the sling was ripped, all sling straps were still hooked to the lift, and the sling was white colored. RN-E stated staff received education about how to check sling size before use RN-E stated the nursing assistants normally transferred residents and expected them to know and use the correct sling size to transfer residents who required a full body mechanical lift for transfers. During interview on 6/17/26 at 2:16 p.m., housekeeping/laundry staff (H)-A stated they had seen white colored slings come through the wash before. H-A stated they used to wash and store clean slings in bins where staff came and took as needed, but now she gave all washed slings to her supervisor and had not seen any white colored slings for approximately two weeks. During interview on 6/16/26 at 12:09 p.m., the assistant director of nursing (ADON) stated on 6/10/26 she was notified of R1's fall from an onsite supervisor and forwarded the message to the clinical team. The ADON explained all management returned to the facility the evening of 6/10/26 to check all slings and lift machines then started staff education and completed transfer assessments to ensure appropriate sling size on 6/10/26 or 6/11/26 for all residents who required Hoyer lifts; however, clarified on 6/18/26 at 1:49 p.m. the assessments had been completed only using the weights, care plans, and discussion with nurse managers and she did not observe the transfers to make sure no other measurements or considerations were required to ensure proper fit for safe transfers. The two staff members who transferred R1 were pulled from the schedule and sent out of the facility. ADON expected staff to verify sling integrity and size before each use. The staff were educated to use the Hoyer lift with two staff members. The ADON expected the MDS nurse to trigger a quarterly transfer assessment and nurse managers to update resident care plans and Kardex to reflect correct transfer status and sling size if applicable. During interview on 6/16/26 at 2:11 p.m., the DON stated management was notified of R1's fall and the management team returned to the facility the evening of 6/10/26 to conduct transfer assessments for residents who used a Hoyer sling and audits on sling integrity and removed any slings with compromised integrity or slings which were not facility slings. The DON stated the sling used for R1 was not one of the facility's slings and not meant for long-term use and believed the sling came from a hospital. The management team ensured care			F0689			06/24/2026

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F0689 SS = E	Continued from page 6 plans reflected transfer status and the requirement for two staff during Hoyer lift transfers, and residents' point of care tasks reflected the correct sling size. Staff education R2 R2's annual Minimum Data Set (MDS) assessment dated 5/30/26, identified R2 had short and long-term memory problems and severely impaired cognitive skills for daily decision making. The MDS identified R2 did not have behaviors or reject care. R2 had impairment to both upper and lower extremities and was dependent on staff for wheelchair mobility, transfers, and other activities of daily living. R2's diagnoses included hemiplegia (a form of paralysis which affects one side of the body) or hemiparesis (weakness or the inability to move on one side of the body). R2's Nursing: Lift and Transfer Evaluation – V 5 dated 7/24/25, identified R2 required transfer assistance with two staff and a floor lift. R2's weight was 147.5 pounds and required a medium sized sling based on a weight range of 101 to 300 pounds. During interview on 6/17/26 at 11:32 a.m., the DON reviewed R2's transfer assessments and verified R2's last transfer assessment, besides the transfer assessment on 6/10/26, was 7/24/25. The DON stated transfer assessments were important to communicate transfer status and assess correct sling size. R2's physical mobility care plan dated 3/11/26, identified R2 was dependent with Hoyer (brand of full body mechanical lift) lift for transfers. R2's care plan, Kardex, and point of care tasks did not identify sling size at the time of R1's fall from full body mechanical lift. R2's Nursing: Lift and Transfer Evaluation – V 5 dated 6/10/26, identified R2 required transfer assistance with two staff and a floor lift. R2's weight was 149.5 pounds and required a medium sized sling based on a weight scale range of 101 to 300 pounds. R2's point of care task on 6/11/26 identified R2 required a medium sized transferring sling. During interview on 6/18/26 at 2:16 p.m., Joerns product support representative (PSR)-B stated weight was a general reference for size of slings and resident measurements were more important and the standard for sizing of slings. PSR-B stated to			F0689			06/24/2026

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F0689 SS = E	Continued from page 7 measure residents for sling sizing based on the sling reference points in the family brochure and to assess if resident was pear versus apple shaped. During interview on 6/16/26 at 11:03 a.m., NA-A stated staff looked at residents' care plans to know how they transferred and what size sling to use. NA-A stated staff were educated to always use two staff with use of a Hoyer lift. During interview on 6/16/26 at 11:43 a.m., NA-B and NA-C stated staff checked residents' Kardex to see what size of sling and transfer device to use for resident transfers. NA-B and NA-C stated staff knew the size of the slings based on the sling lining color. During interview on 6/16/26 at 11:14 a.m., RN-A stated a resident's weight determined sling size, and residents' care plans identified sling size and what transfer device the resident needed. RN-A looked at the tag on the slings to know the size of the slings. started to direct staff to check sling integrity and ensure correct size before use and to dispose of slings which did not come from the facility. Resident transfer assessments identified sling size based on residents' weight. During follow-up interview on 6/18/26 at 3:19 p.m., the DON verified nursing did not complete resident transfer assessments through observation to assess resident safety with machines and slings. DON did not mention other measurements to determine appropriate sling size selection besides weight. The DON stated therapy assessed resident transfer status through observations, and therapy made recommendations for how residents should transfer and what type of machine should be used to transfer the resident. Therapy did not give recommendations for sling size and could alert nursing if they had a concern about a resident sling size. The DON stated staff reviewed manufacturer's instructions and updated transfer assessments to include manufacturer's weight range to determine which sling size to assign to a resident. The DON stated manufacturer's weight ranges overlapped with multiple sizes, so a resident, such as R1 or R2, could now use multiple sling sizes based on weight. R1's North Ridge: Lift and Transfer Evaluation – V 3 dated 6/18/26, identified R1 transferred using a floor lift and two staff persons. The evaluation identified R1's weight was 200.6 pounds on 6/2/26 and indicated use of sling sizes: -Medium, 125 pounds to 275 pounds, and			F0689			06/24/2026

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F0689 SS = E	Continued from page 8 -Large, 175 pounds to 350 pounds. The evaluation noted/instructed R1 was appropriate for either medium or large sling however did not identify measurements and/or direct physical assessment that would help ensure fit and safety as per the manufacturers guidelines and instruction for determining appropriate sling size. R2's North Ridge: Lift and Transfer Evaluation – V 3 dated 6/18/26, identified R2 transferred using a floor lift and two staff persons. The evaluation identified R2's weight was 149.5 pounds on 6/3/26 and indicated use of sling sizes: -Small, 75 pounds to 150 pounds. -Medium, 125 pounds to 275 pounds. The evaluation noted/instructed R2 was appropriate for either small or medium sling however did not identify measurements and/or direct physical assessment that would help ensure fit and safety as per the manufacturers guidelines and instruction for determining appropriate sling size. Failed to ensure comprehensive sit-to-stand harness assessments (R3, R4, R5) Joerns Healthcare Hoyer Loop and Clip Style Sling Color/Size Chart – Standard Size dated 2021, indicated weight range should only be used as a guideline as other factors can affect sizing. The Deluxe Stand-Aid sling size ranges were small (red color) from 75 pounds to 150 pounds, medium (yellow color) from 125 pounds to 200 pounds, and large (green color) 175 pounds to 440 pounds. The Joerns Hoyer Family Brochure dated 2025, identified three measurement areas for the Deluxe Stand-Aid Sling which included measurements which may represent shoulder-width, shoulder-to-chest, and chest. R3's quarterly Minimum Data Set (MDS) assessment dated 5/5/26, identified R3 had intact cognition and no behaviors or rejection of cares. R3 had an impairment to one side of her lower extremity. R3 was independent with wheelchair use and required staff assistance for activities of daily living, which included substantial and/or maximal assistance with transfers. The MDS identified R3's diagnoses of fracture, generalized muscle weakness, unsteadiness on feet, and difficulty in walking.			F0689			06/24/2026

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F0689 SS = E	Continued from page 9 R3's Nursing: Lift and Transfer Evaluation – V 5 dated 10/21/25, identified R3 required two-person assistance with “stand by assistance”. R3's physician order dated 1/31/26, identified R3 had weight bearing restrictions which included toe-touch weight bearing to left leg, non-weight bearing to right middle finger, and weight bearing as tolerated for right arm. R3's physical therapy Discharge Recommendations dated 4/18/26, identified R3 completed a stand pivot transfer with staff contact guard assistance. During interview on 6/16/26 at 2:47 p.m., physical therapy assistant (PTA) stated R3 transferred with a sit to stand machine and therapy was to assess R3 on 6/17/26. PTA stated R3 came back from the hospital 5/15/26, and 4/17/26 was the last time therapy worked with R3. PTA stated R3 was discharged from therapy with contact guard assistance for transfers. Review of R3's record identified on 5/15/26, R3 was transferred to the emergency department for bilateral lower extremity warmth. The emergency department diagnosed bilateral lower extremity edema and a closed nondisplaced fracture of the right second toe. Discharge instructions directed R3 to wear a hard-sole shoe during standing and ambulation, elevate the legs at rest, and follow up with orthopedics. A provider note dated 5/18/26 confirmed the right second toe fracture and continued the hard-sole shoe, buddy taping, orthopedic follow-up, and pain management. An Occupational Therapy note dated 6/5/26 documented that R3 was non-weight bearing pending orthopedic evaluation due to the toe fracture. R3's Nursing: Lift and Transfer Evaluation – V 5 dated 6/11/26, identified R3 required one person assistance with a sit to stand lift. R3 weighed 181.4 pounds and required a medium sized sling based on a weight scale range of 101 to 300 pounds. R3's care plan dated 6/11/26, identified R3 used a sit to stand lift with substantial assistance of one. R3's care plan, Kardex, and point of care tasks did not identify the size of fully body mechanical lift sling and harness for the sit to stand lift. During interview on 6/17/26 at 4:27 p.m., R3 stated her toe was black and blue about a month ago and found out she had a broken toe at the hospital. R3			F0689			06/24/2026

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F0689 SS = E	Continued from page 10 stated the staff at the hospital told her she was not supposed to put any weight on her toe, and staff varied on using a Hoyer and sit to stand machine with transfers since her return from the hospital. During interview on 6/16/26 at 11:43 a.m., NA-B and NA-C stated staff checked residents' Kardex to see what size of sling and transfer device to use for resident transfers. NA-B and NA-C stated staff knew the size of the slings based on the sling lining color. NA-B and NA-C stated R3 transferred with a full mechanical lift and had a sling in her room that they used. The nursing assistants looked at R3's Kardex, and R3's Kardex identified R3 required a sit to stand with assistance of one for transfers and did not identify what size of sling to use. The nursing assistants were not sure who told them R3 was non-weight bearing and to use a full body mechanical lift after she returned from the hospital a few weeks ago. NA-B went into R3's room and observed R3's full body mechanical lift sling which was in a drawer. The sling had a yellow lining to indicate the sling size was medium. During interview on 6/18/26 at 10:00 a.m., licensed practical nurse (LPN)-B stated R3 transferred with a Hoyer lift since R3's return from the emergency department. LPN-B stated staff knew how to transfer R3 and what size of sling to use based on R3's care plan. If R3's care plan did not identify sling size, staff needed to assess sling size and update the care plan. LPN-B stated staff should alert the nurse manager and update R3's care plan if R3 used a sit to stand lift but now used a Hoyer lift. During interview on 6/16/26 at 11:58 a.m., RN-B stated residents' Kardex identified what type of lift device and sling size to use for transfers. RN-B stated sling size was based on residents' weight. RN-B stated the nurse managers changed resident care plans and Kardex. RN-B reviewed R3's Kardex and point of care tasks and confirmed R3's record identified R3 used a sit to stand and did not identify what size sling to use. RN-B stated staff could use a full body mechanical lift for a resident care planned for a sit to stand lift, and RN-B updated therapy when there were concerns with how a resident transferred. During interview on 6/16/26 at 12:59 p.m., licensed practical nurse (LPN)-A, who was also a unit manager, stated residents' weight determined what sling size to use and sling size was on residents' Kardex. LPN-A stated staff could use a Hoyer lift on a resident who was care planned as a sit to stand lift, such as R3. Staff should notify LPN-A if staff			F0689			06/24/2026

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F0689 SS = E	Continued from page 11 they concerns with how a resident transferred or saw inconsistencies with care plan and resident transfer status, and LPN-A could request therapy involvement if needed. LPN-A stated a change in transfer would prompt a therapy evaluation, rather than temporary use of a Hoyer lift for a resident who normally used a sit to stand machine. LPN-A stated therapy assessed what transfer device a resident should use, and therapy communicated how a resident should transfer with staff. Residents' care plans and Kardex were updated with therapy's recommendations. LPN-A stated there were different sizes of sit to stand harnesses, but the medium sized sit to stand harness fit most residents. R3's physician order dated 6/17/26, identified R3 was weight bearing as tolerated for her right lower extremity for second toe. During an interview on 6/18/26 at 11:26 a.m. with physical therapist (PT) and occupational therapist (OT), PT stated nursing determined what size slings should be used for the residents, and therapists made recommendations on what kind of transfer device the staff should use with the residents. PT stated staff should tell them when a resident had a decline in transfer status, such as a resident who used to use a sit to stand and now used a Hoyer lift. PT stated nursing made an appropriate decision to downgrade R3 from a sit to stand to a Hoyer after R3's return from the emergency department. PT stated therapy could now work with R3, since R3 received weight bearing orders from her orthopedic provider. PT confirmed R3's weight bearing restriction order dated 1/31/26, weight bearing order dated 6/17/26, and could not find an order regarding R3's non-weight bearing status for right lower extremity. PT stated they were not following R3 at the time of or after her 5/15/26 emergency department visit, and nursing should have clarified weight bearing status and updated R3's care plan. During interview on 6/16/26 at 12:09 p.m., the ADON expected staff to alert the nurse manager if a change of transfer and weakness continued, so nursing could obtain an order for therapy from the provider. Therapy assessed when residents were safe to return to sit to stand use. The ADON expected nurse managers to update resident care plans and Kardex to reflect correct transfer status and sling size if applicable. During a follow-up interview on 6/18/26 at 9:46 a.m., the ADON verified they completed R3's transfer assessment dated 6/11/26. The ADON stated they did not observe R3's transfer with staff			F0689			06/24/2026

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F0689 SS = E	Continued from page 12 and completed the transfer assessment by checking R3's care plan for transfer status and asking the nurse manager about R3's transfer status. The ADON stated R3 went to the orthopedic provider on 6/17/26, and R3 had a new order related to weight bearing status. The ADON expected staff to update the nurse manager if a resident had a change in transfer status. The ADON stated nursing staff could not make decisions about weight bearing related to a broken toe, and the hospital specified if changes were required for weight bearing or transfers. During interview on 6/17/26 at 11:32 a.m., the DON stated the management team did not review residents who used a sit to stand machine on 6/10/26 and 6/11/26 and verified R3's point of care tasks or care plan did not identify what size sling staff were to use to transfer R3. The DON stated it was important for staff to know the correct sling size for resident safety. During follow-up interview on 6/18/26 at 3:19 p.m., the DON stated R3 may have reported she was non-weight bearing despite being permitted to bear weight and staff should have followed up with a provider to clarify R3's weight-bearing status. R4 R4's quarterly Minimum Data Set (MDS) assessment dated 3/2/26, identified R4 had intact cognition and no behaviors or rejection of care. R4 required staff assistance with activities of daily living (ADL), such as partial and/or moderate assistance for wheelchair use and substantial/maximal assistance for transfers. R4's diagnoses included generalized muscle weakness, obesity, and delayed milestone in childhood. R4's Nursing: Lift and Transfer Evaluation – V 5 dated 12/5/24, indicated R4 was independent with transfer to and from bed, chair, and toilet. During interview on 6/17/26 at 2:22 p.m., PTA reviewed therapy notes and PTA stated R4 was last seen by therapy on 5/5/26 and was unsure what R4's transfer status was but would find out. R4's Physical Therapy Discharge Summary signed 5/11/26, indicated R4 reached her highest practical level. The discharge summary indicated R4 was not currently ambulating due to ankle pain and was able to ambulate about 500 feet with four wheeled walker with contact guard assistance and breaks. The discharge summary identified R4 required morning and evening assistance and referred R4 to			F0689			06/24/2026

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F0689 SS = E	Continued from page 13 occupational therapy for wheelchair assessment; however, did not specify what level of assistance was required with transfers. During interview on 6/17/26 at 2:22 p.m., PTA reviewed therapy notes and PTA stated R4 was last seen by therapy on 5/5/26 and was unsure what R4's transfer status was. At 3:07 p.m., PTA stated R4 transferred with a sit to stand at the time of therapy in May 2026, and therapy did not change R4's transfer status at the time of R4's May 2026 therapy discharge. R4's Nursing: Lift and Transfer Evaluation – V 5 dated 6/11/26, indicated R4 required one person assist with a sit to stand lift. R4's weight was 230.6 pounds and required a medium sized harness based on a weight scale range of 101 to 300 pounds. During interview on 6/18/26 at 9:57 a.m., RN-D verified they completed R4's transfer assessment dated 6/11/26. RN-D stated they completed R4's transfer assessment by checking R4's care plan for transfer device and weight for sit to stand harness size. RN-D stated they did not observe R4 transfer with sit to stand as part of the assessment. R4's ADL self-care performance deficit care plan dated 6/11/26, identified R4 had limited mobility and transferred with a sit to stand lift. The care plan, Kardex, and point of care tasks did not identify a sit to stand harness size. During interview on 6/16/26 at 12:44 p.m., NA-D stated she checked resident care plan and Kardex for resident transfer status. NA-D stated residents had their own Hoyer slings in their rooms, and there was one size sling for the sit to stand machine. NA-D reviewed R4's care plan and Kardex and verified R4's record identified to use a sit to stand lift for transfers and did not identify what size harness to use. During observation and interview on 6/18/26 at 1:39 p.m., a Joerns Hoyer journey 340 sit to stand was observed without a leg strap and a harness gray colored with green lining sitting on top of the lift. NA-D confirmed the sit to stand machine did not have a leg strap. NA-D stated she did not need one to transfer R4, since the leg strap hurt R4's leg. During interview on 6/16/26 at 12:59 p.m., licensed practical nurse (LPN)-A, who was also a unit manager, stated residents' weight determined what harness size to use and harness size was on residents' Kardex. LPN-A stated therapy assessed			F0689			06/24/2026

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F0689 SS = E	Continued from page 14 what transfer device a resident should use, and therapy communicated how a resident should transfer with staff. Residents' care plans and Kardex were updated with therapy's recommendations. LPN-A stated there were different sizes of sit to stand harnesses, but the medium sized sit to stand harness fit most residents. During follow-up interview on 6/17/26 at 11:32 a.m., the DON stated the management team did not review residents who used a sit to stand machine and verified R4's point of care tasks or care plan did not identify what size sit to stand harness staff were to use to transfer R4. The DON stated it was important for staff to know the correct sling/harness sizes for resident safety. During follow-up interview on 6/18/26 at 3:19 p.m., the DON stated residents needed a therapy evaluation to determine safe transfer status if a resident stated a sit to stand machine leg buckle caused discomfort. R5 R5's quarterly Minimum Data Set (MDS) assessment dated 4/1/26, identified R5 had intact cognition and no behaviors or rejection of care. R5 required assistance with activities of daily living (ADL), such as substantial and/or maximal assistance for transfers and dependent on staff for wheelchair mobility. R5's Weights and Vitals Summary dated 6/18/26, identified R5's weight was 256 pounds on 1/17/26 and 222 pounds on 6/16/26. R5's Nursing: Lift and Transfer Evaluation – V 5 dated 1/19/26, identified R5 required transfers with a floor lift with two staff assistance. The evaluation did not identify R5's weight and identified R5 required a large sized harness based on a range of 301 to 450 pounds. R5's therapy “green slip” dated 3/23/26, identified R5 required a sit to stand lift for transfers. The therapy communication form did not indicate size of sit to stand harness. R5's physical mobility care plan dated 4/7/26, identified R5 had limited physical mobility related to weakness and required a sit to stand lift for transfers with substantial/maximal assistance. The care plan, Kardex, and point of care tasks did not identify a sit to stand harness size. During an interview on 6/18/26 at 11:26 a.m. with			F0689			06/24/2026

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F0689 SS = E	Continued from page 15 physical therapist (PT) and occupational therapist (OT), they reviewed R5 discharged from physical therapy on 5/29/26 with use of a sit to stand lift. PT stated there were not specific notes related to one or two person transfer need but usually therapy specified when more than one person was needed for use of a sit to stand. PT stated nursing determined what size harness should be used for the residents, and therapists made recommendations on what kind of transfer device the staff should use with the residents. During observation and interview on 6/18/26 at 10:09 a.m., NA-E entered R5's room with a Hoyer elevate 440 sit to stand machine and a Hoyer standing sling deluxe which was gray in color with a green lining. NA-E verified the sit to stand harness was a large size. R5 sat on the side of her bed with her feet on the standing plate of the sit to stand machine. NA-E wrapped the harness around R5 and under R5's arms and buckled a strap at R5's chest and looped the left and right side of the harness onto the sit to stand machine. NA-E stated some sit to stand machines have a buckle around residents' legs, and NA-E stated this machine did not have a leg belt. The part of the machine where R5 rested her legs against had a spot for a safety belt to buckle in but there was no safety belt observed. NA-B entered the room. NA-E lifted R5 from the bed. R5 held onto the machine and went from a sitting position to a standing position. There was a gap between R5's chest and the strap buckled around her chest. NA-E tightened the chest strap which had raised to R5's chest, and there was still a visible gap between R5's chest and the sit to stand harness chest strap. NA-B and NA-E worked together to move R5 and the machine from the bed to R5's wheelchair and lowered R5 into the wheelchair. During interview on 6/18/26 at 10:25 a.m., NA-B reviewed R5's Kardex and point of care tasks. NA-B verified R5 was to use a sit to stand for transfers, and the Kardex and point of care tasks did not specify what harness size to use. During a follow-up interview on 6/18/26 at 10:45 a.m., NA-E stated she reviewed the care plan and Kardex to know how a resident transferred and what harness size to use. NA-E verified there was a gap between R5 and the buckle that went around R5's chest. NA-E stated R5 did not like it when the strap was too tight on her chest, and the sit to stand harness was secure under R5's arms. During interview on 6/18/26 at 10:31 a.m., LPN-A			F0689			06/24/2026

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F0689 SS = E	Continued from page 16 reviewed R5's assessments and care plan. LPN-A stated he had to check with the nursing assistants to see what size sit to stand harness they used for R5. LPN-A verified R5's last nursing transfer assessment was dated 1/19/26 and identified use of two person assist with a Hoyer and large size sling selection. LPN-A verified R5's nursing transfer assessment lacked a weight. During interview on 6/18/26 at 2:16 p.m., Joerns product support representative (PSR)-B stated the safety belt for the legs should be adjusted to fit if required. If not required, the safety belt could be detached and stored away. During interview on 6/17/26 at 11:32 a.m., the DON stated the management team reviewed residents who used Hoyer machines to ensure resident care plans identified type of lift device and resident point of care tasks identified sling size. The DON stated the management team did not review residents who used a sit to stand machine. The DON stated it was important for staff to know the correct sling sizes for resident safety. During interview on 6/18/26 at 3:19 p.m., the DON verified nursing did not complete resident transfer assessments through observation to assess resident safety with machines and slings. The DON stated therapy assessed resident transfer status through observations, and therapy made recommendations for how residents should transfer and what type of machine should be used to transfer resident. Therapy did not give recommendations for sling size and could alert nursing if they had a concern about a sling size. The DON stated staff reviewed manufacturer's instructions and updated transfer assessments to include manufacturer's weight range to determine which sling size to assign to a resident. The DON stated manufacturer's weight ranges overlapped with multiple sizes, so a resident could now use multiple sling sizes based on their weight. The DON expected staff to alert management or maintenance if a leg safety strap was missing on a sit to stand machine for resident safety or staff to complete an assessment to ensure resident was safe to transfer without the safety belt. The DON verified R5's transfer assessment dated 1/19/26 did not indicate a weight and a large sling size was selected despite R5's weight of 256 pounds on 1/17/26. The DON reviewed R5's weight of 222 pounds on 6/16/26 and confirmed R5 would have required a medium sling size based on their weight standard previously but now needed to verify the appropriate sit to stand harness size for R5 based on her current weight and manufacturer's sizing recommendations.			F0689			06/24/2026

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F0689 SS = E	Continued from page 17 The facility Safe Lifting and Movement of Residents policy dated 3/2026, directed staff to document resident transferring and lifting needs in the care plan. The policy indicated transfer assessments will include: -Resident's preference for assistance; -Resident's mobility (degree of dependency); -Resident's size; -Weight-bearing ability; -Cognitive status; -Whether the resident is usually cooperative with staff; and -The resident's goals for rehabilitation, including restoring or maintaining functional abilities. The policy indicated all equipment design and use will meet or exceed guidelines and regulations concerning resident safety and the use of restraints. The facility F 656, F 657, and F 658 Comprehensive Care Plans policy dated 3/2026, identified the care planning and/or interdisciplinary team (IDT) is responsible for the periodic review and updating of care plans: -When there has been a significant change in the resident's condition; -When the desired outcome is not met; -When the resident has been readmitted to the facility from a hospital stay; and -At least quarterly. The policy directed the IDT to outline services in the comprehensive care plan that meet professional standards of quality or accepted standards of clinical practice			F0689			06/24/2026

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20000	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 6/16/2026 to 6/18/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed. The following complaints were reviewed: H51832899C (3042128) with a licensing order issued			20000			06/24/2026

Office of Primary Care and Health Systems Management

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

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20000	Continued from page 1 at 20830. 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. 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.		20000			06/24/2026	
20830	Adequate and Proper Nursing Care; General CFR(s): MN Rule 4658.0520 Subp. 1 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		20830	Staff Education Any staff responsible for resident transfers were re-educated on: Checking Kardex for transfer status and appropriate sling size.		06/24/2026	

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20830	Continued from page 2 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and document review the facility failed to use the correct brand sling for Hoyer (full-body mechanical lift) in accordance with manufacturer's instructions for (R1) who had a fall from a lift and failed to ensure comprehensive assessments for Hoyer sling sizes completed according to manufactures recommendations and failed to ensure the sling size was represented on the care plan for 2 of 2 residents (R1, R2) who required Hoyer lifts for transfers. In addition, the facility failed to ensure comprehensive harness assessments were completed to ensure safe transfers for 3 of 3 residents (R3, R4, R5) who required the sit-to-stand mechanical lift for transfers. R1 R1's annual Minimum Data Set (MDS) assessment dated 3/25/26, identified R1 had moderate cognitive impairment and no behaviors or rejection of care. R1 had an impairment to one side of upper and lower extremity and was dependent on staff with wheelchair mobility and transfers. The MDS identified R1 had a diagnosis of hemiplegia (a form of paralysis which affects one side of the body) or hemiparesis (weakness or the inability to move on one side of the body). R1's Nursing: Lift and Transfer Evaluation – V 4 dated 4/9/23, identified R1 required transfer assistance with two staff and a floor lift. However, even though R1's weight was 220 pounds on the assessment, a large sling size with a weight range of 301 to 450 pounds was selected instead of the medium size rated for 101 to 300 lbs. In review of the facility Lift and Transfer Evaluation identified inconsistencies for sling size weight ranges when compared to the manufacturer's directions. The facility Nursing: Lift and Transfer Evaluation – V 5 directed staff to assess resident ability to independently transfer, anticipation to require mechanical or physical assistance, cooperation, ability to follow instructions, number of staff required for transfer, ambulatory status, weight			20830	Continued from page 2 Checking integrity of sling. If any integrity issues are identified, remove sling from service immediately, notify the supervisor and replace it with a new sling. If a resident admits with a sling, verify if the sling is Joerns brand. If it is not, it must be discarded and obtain a Joerns sling. Housekeeping/Laundry staff were re-educated on the laundering of slings and inspections to include: Frayed fabric; tears or holes; loose, broken, or missing stitching; damaged loops, straps, or attachment points; any other signs of wear or damage Licensed Nurses were re-educated on completing the lift and transfer UDA which included: Completing the assessment regardless if the resident transfers with a lift or not, and it needs filled out completely If a resident transfers with a hoyer or sit-to-stand lift, you must fill in the resident's current weight and corresponding size of sling. Systemic Changes An inventory of all mechanical lift slings was completed. Slings incompatible with manufacturer recommendations or lacking proper identification were removed from service. Corrective Action for Cited Residents: R1 was immediately assessed following the incident. The incorrect sling was immediately removed from service and replaced with the appropriate size and manufacturer-approved sling for the lift. A lift and transfer assessment was completed for R1 to determine the correct sling size. R1's Kardex was updated to reflect sling size.		06/24/2026

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20830	Continued from page 3 bearing status, trunk strength and neck control, ability to maintain a seated position, and weight. The facility transfer assessment directed staff to choose a sling size based on residents' most recent weight with ranges however, the weight ranges were not consistent with the manufacturer's and the assessment did not include or prompt entry points for measurements to ensure proper fit for safety. -Small 0 pounds to 100 pounds -Medium 101 pounds to 300 pounds -Large 301 pounds to 450 pounds -Extra large 450 pounds to 600 pounds -Bariatric or greater than 500 pounds -Standard Sit to Stand Sling Joerns Healthcare Hoyer Loop Style Sling Color/Size Chart – Standard Size dated 2021, indicated weight range should only be used as a guideline as other factors can affect sizing. The Quickfit and Full Back Hoyer slings were sized as small (red color) from 75 pounds to 150 pounds, medium (yellow color) from 125 pounds to 200 pounds, large (green color) 175 pounds to 350 pounds. Additionally, The Joerns Hoyer Family Brochure dated 2025, identified four measurement areas on a Full Back Sling which included measurement which may represent shoulder-width, shoulders to bottom of backside, shoulders to end of sling, and top of head to shoulders. Three measurement areas on a Quickfit Sling included shoulder width, shoulders to bottom of backside, and shoulders to end of sling. During an interview on 6/17/26 at 11:32 a.m., the director of nursing (DON) reviewed R1's transfer assessment dated 4/9/23 and verified the inconsistent weight and sling size selection. DON indicated a medium size should have been selected based on the facility assessment weight ranges. During interview on 6/18/26 at 2:16 p.m., Joerns product support representative (PSR)-B stated weight was a general reference for size of slings and resident measurements were more important and the standard for sizing of slings. PSR-B stated to measure residents for sling sizing based on the sling reference points in the family brochure and to assess if resident was pear versus apple shaped R1's activity of daily living (ADL) care plan dated			20830	Continued from page 3 A lift and transfer assessment was completed for R2 to determine the correct sling size. R2's Kardex was updated to reflect sling size. A lift and transfer assessment was completed for R3, R4, and R5 to determine the appropriate sling size according to the manufacturer's recommendations. R3, R4, and R5's Kardex were updated to reflect sling size. Like Residents: A review of current residents requiring mechanical lift transfers, including full-body and sit-to-stand lifts, was completed. Updated lift and transfer assessments were completed, and Kardex's were updated to reflect sling size. Audits: DON or designee to complete an audit of 3 residents on each unit that transfer with a Hoyer lift twice a week x6 weeks. Audits will verify: Sling has no integrity issues Correct brand (Joerns) of sling is being used DON or designee to complete an audit of 3 residents weekly x 4 weeks, then 2 residents weekly x2 weeks. Audits will verify: A lift and transfer assessment has been completed Correct transfer status is identified with corresponding sling size noted on assessment Sling size is noted on the kardex. Audit findings will be reviewed during the Quality Assurance and Performance Improvement (QAPI) Committee meetings. Trends will be analyzed, corrective actions implemented as needed, and monitoring will continue until sustained compliance		06/24/2026

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20830	Continued from page 4 4/7/26, identified R1 had an ADL self-care performance deficit related to activity intolerance and required transfers with a Hoyer (brand of full body mechanical lift) lift and two staff. R1's care plan, Kardex (an electronic file which gives a brief overview of each resident in accordance with residents' care plans), and point of care tasks did not indicate what size sling to use to transfer R1 at the time of the incident. R1's fall incident report dated 6/10/26 at 6:20 p.m., identified R1's Hoyer sling ripped during a transfer to his bed, and R1 fell to the ground and hit his head. R1 had "blood around the occipital area of the head", and the area was cleansed and pressure applied, and bleeding stopped. R1's provider was notified and was sent to the emergency room. R1's Emergency Department Note dated 6/10/26, identified R1 had no acute fractures or dislocations and no intracranial hemorrhage. The note identified there was "no laceration to close". R1's progress note dated 6/11/26 at 6:33 a.m., identified R1 returned to the facility around 11:00 p.m. on 6/10/26 with no new orders. R1's Nursing: Lift and Transfer Evaluation – V 5 dated 6/10/26, identified R1 required transfer assistance with two staff and a floor lift. The assessment indicated R1 had a twenty-pound weight loss and would require a different size sling; R1's weight was 200.6 pounds and required a medium sized sling based on a weight scale range of 101 to 300 pounds. R1's point of care task on 6/11/26 identified R1 required a medium sized transferring sling. During interview on 6/17/26 at 11:20 a.m., R1's family member showed surveyor a picture of R1 on his bed with a white colored sling underneath him on 6/10/26 at approximately 3:30 p.m. The white colored sling had a green trim. R1's family member stated she had seen the white-colored sling "for a while" and staff used different colored slings to transfer R1. During observation and interview on 6/16/26 at 4:15 p.m., the senior administrator presented the sling used (Medline sling) for R1 on 6/10/26. The sling was white colored with a green colored trim and had eight straps/loops. The sling tag identified the sling was a Medline brand, a large sling size, and had a capacity of 700 pounds. The rip in the sling was about half a foot or less into the edge of the sling			20830	Continued from page 4 is demonstrated.		06/24/2026

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20830	Continued from page 5 around where R1’s head and back/side would have been, and the rip was about five feet in length. The brand of sling was different than the ones used by the facility, and the senior administrator was not sure where the sling used for R1 came from. The senior administrator stated the management team returned to the facility the evening of 6/10/26 and removed slings which were not slings from the facility, such as the Medline sling used for R1 on 6/10/26. The Medline sling manufacturer's instructions for use dated 12/18/23, directed users to confirm sling compatibility between the connection style of the patient sling and patient lift before use. If other lift cradles were used besides the manufacturer’s loop-style 6-point cradle, the user should confirm compatibility between the hoist and the sling. The instructions directed users to refer to the weight capacity of the sling when selecting a size and to use clinical judgment for body shape and patient comfort when selecting between sizes. The instructions directed users to replace slings every six months and never launder a disposable sling. During interview on 6/17/26 at 10:33 a.m., Joerns product support representative (PSR)-A stated the Hoyer lifts the facility used had a six-point spreader bar. PSR-A recommended staff to use the Hoyer brand slings with their lifts, since the slings were specifically designed and tested with their lifts. PSR-A could not guarantee other brands of slings would be compatible with their lifts, because they did not test other brands of slings with their machines. During interview on 6/16/26 at 1:31 p.m., nursing assistant (NA)-F stated she and another staff member transferred R1 on 6/10/26 with a Hoyer sling which was already underneath him. NA-F did not remember what size sling was used and stated she did not see any concerns with the sling before use. NA-F and another staff member attached the sling to the Hoyer lift and lifted up R1 from his wheelchair. Upon removing the wheelchair from underneath him, the sling tore and R1 fell to the floor. NA-F stated all the loops were still hooked onto the lift after the sling tore and R1 fell through the sling. During follow-up interview on 6/17/26 at 8:54 a.m., NA-F stated Hoyer slings were kept in resident rooms. NA-F was not sure how long R1 had the white colored Hoyer sling and stated he had different colored slings staff used with him. NA-F stated she had placed white colored slings in the			20830			06/24/2026

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20830	Continued from page 6 laundry previously when she saw them. During interview on 6/16/26 at 2:31 p.m., registered nurse (RN)-E stated he worked the evening of 6/10/26 and responded to the alert R1 fell from the Hoyer sling. RN-E stated R1 had a small cut on the back of his head, and RN-E cleansed the area with saline and applied pressure to stop the bleeding. RN-E notified R1's family, provider, and the supervisor and sent R1 to the hospital. RN-E stated when he first entered the room, the sling was ripped, all sling straps were still hooked to the lift, and the sling was white colored. RN-E stated staff received education about how to check sling size before use RN-E stated the nursing assistants normally transferred residents and expected them to know and use the correct sling size to transfer residents who required a full body mechanical lift for transfers. During interview on 6/17/26 at 2:16 p.m., housekeeping/laundry staff (H)-A stated they had seen white colored slings come through the wash before. H-A stated they used to wash and store clean slings in bins where staff came and took as needed, but now she gave all washed slings to her supervisor and had not seen any white colored slings for approximately two weeks. During interview on 6/16/26 at 12:09 p.m., the assistant director of nursing (ADON) stated on 6/10/26 she was notified of R1's fall from an onsite supervisor and forwarded the message to the clinical team. The ADON explained all management returned to the facility the evening of 6/10/26 to check all slings and lift machines then started staff education and completed transfer assessments to ensure appropriate sling size on 6/10/26 or 6/11/26 for all residents who required Hoyer lifts; however, clarified on 6/18/26 at 1:49 p.m. the assessments had been completed only using the weights, care plans, and discussion with nurse managers and she did not observe the transfers to make sure no other measurements or considerations were required to ensure proper fit for safe transfers. The two staff members who transferred R1 were pulled from the schedule and sent out of the facility. ADON expected staff to verify sling integrity and size before each use. The staff were educated to use the Hoyer lift with two staff members. The ADON expected the MDS nurse to trigger a quarterly transfer assessment and nurse managers to update resident care plans and Kardex to reflect correct transfer status and sling size if applicable. During interview on 6/16/26 at 2:11 p.m., the DON stated management was notified of R1's fall and the			20830			06/24/2026

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20830	Continued from page 7 management team returned to the facility the evening of 6/10/26 to conduct transfer assessments for residents who used a Hoyer sling and audits on sling integrity and removed any slings with compromised integrity or slings which were not facility slings. The DON stated the sling used for R1 was not one of the facility's slings and not meant for long-term use and believed the sling came from a hospital. The management team ensured care plans reflected transfer status and the requirement for two staff during Hoyer lift transfers, and residents' point of care tasks reflected the correct sling size. Staff education R2 R2's annual Minimum Data Set (MDS) assessment dated 5/30/26, identified R2 had short and long-term memory problems and severely impaired cognitive skills for daily decision making. The MDS identified R2 did not have behaviors or reject care. R2 had impairment to both upper and lower extremities and was dependent on staff for wheelchair mobility, transfers, and other activities of daily living. R2's diagnoses included hemiplegia (a form of paralysis which affects one side of the body) or hemiparesis (weakness or the inability to move on one side of the body). R2's Nursing: Lift and Transfer Evaluation – V 5 dated 7/24/25, identified R2 required transfer assistance with two staff and a floor lift. R2's weight was 147.5 pounds and required a medium sized sling based on a weight range of 101 to 300 pounds. During interview on 6/17/26 at 11:32 a.m., the DON reviewed R2's transfer assessments and verified R2's last transfer assessment, besides the transfer assessment on 6/10/26, was 7/24/25. The DON stated transfer assessments were important to communicate transfer status and assess correct sling size. R2's physical mobility care plan dated 3/11/26, identified R2 was dependent with Hoyer (brand of full body mechanical lift) lift for transfers. R2's care plan, Kardex, and point of care tasks did not identify sling size at the time of R1's fall from full body mechanical lift. R2's Nursing: Lift and Transfer Evaluation – V 5 dated 6/10/26, identified R2 required transfer assistance with two staff and a floor lift. R2's weight was 149.5 pounds and required a medium sized sling based on a weight scale range of 101 to 300 pounds.			20830			06/24/2026

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20830	Continued from page 8 R2's point of care task on 6/11/26 identified R2 required a medium sized transferring sling. During interview on 6/18/26 at 2:16 p.m., Joerns product support representative (PSR)-B stated weight was a general reference for size of slings and resident measurements were more important and the standard for sizing of slings. PSR-B stated to measure residents for sling sizing based on the sling reference points in the family brochure and to assess if resident was pear versus apple shaped. During interview on 6/16/26 at 11:03 a.m., NA-A stated staff looked at residents' care plans to know how they transferred and what size sling to use. NA-A stated staff were educated to always use two staff with use of a Hoyer lift. During interview on 6/16/26 at 11:43 a.m., NA-B and NA-C stated staff checked residents' Kardex to see what size of sling and transfer device to use for resident transfers. NA-B and NA-C stated staff knew the size of the slings based on the sling lining color. During interview on 6/16/26 at 11:14 a.m., RN-A stated a resident's weight determined sling size, and residents' care plans identified sling size and what transfer device the resident needed. RN-A looked at the tag on the slings to know the size of the slings. started to direct staff to check sling integrity and ensure correct size before use and to dispose of slings which did not come from the facility. Resident transfer assessments identified sling size based on residents' weight. During follow-up interview on 6/18/26 at 3:19 p.m., the DON verified nursing did not complete resident transfer assessments through observation to assess resident safety with machines and slings. DON did not mention other measurements to determine appropriate sling size selection besides weight. The DON stated therapy assessed resident transfer status through observations, and therapy made recommendations for how residents should transfer and what type of machine should be used to transfer the resident. Therapy did not give recommendations for sling size and could alert nursing if they had a concern about a resident sling size. The DON stated staff reviewed manufacturer's instructions and updated transfer assessments to include manufacturer's weight range to determine which sling size to assign to a resident. The DON stated manufacturer's weight ranges overlapped with multiple sizes, so a resident, such as R1 or R2,			20830			06/24/2026

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20830	Continued from page 9 could now use multiple sling sizes based on weight. R1's North Ridge: Lift and Transfer Evaluation – V 3 dated 6/18/26, identified R1 transferred using a floor lift and two staff persons. The evaluation identified R1's weight was 200.6 pounds on 6/2/26 and indicated use of sling sizes: -Medium, 125 pounds to 275 pounds, and -Large, 175 pounds to 350 pounds. The evaluation noted/instructed R1 was appropriate for either medium or large sling however did not identify measurements and/or direct physical assessment that would help ensure fit and safety as per the manufacturers guidelines and instruction for determining appropriate sling size. R2's North Ridge: Lift and Transfer Evaluation – V 3 dated 6/18/26, identified R2 transferred using a floor lift and two staff persons. The evaluation identified R2's weight was 149.5 pounds on 6/3/26 and indicated use of sling sizes: -Small, 75 pounds to 150 pounds. -Medium, 125 pounds to 275 pounds. The evaluation noted/instructed R2 was appropriate for either small or medium sling however did not identify measurements and/or direct physical assessment that would help ensure fit and safety as per the manufacturers guidelines and instruction for determining appropriate sling size. Failed to ensure comprehensive sit-to-stand harness assessments (R3, R4, R5) Joerns Healthcare Hoyer Loop and Clip Style Sling Color/Size Chart – Standard Size dated 2021, indicated weight range should only be used as a guideline as other factors can affect sizing. The Deluxe Stand-Aid sling size ranges were small (red color) from 75 pounds to 150 pounds, medium (yellow color) from 125 pounds to 200 pounds, and large (green color) 175 pounds to 440 pounds. The Joerns Hoyer Family Brochure dated 2025, identified three measurement areas for the Deluxe Stand-Aid Sling which included measurements which may represent shoulder-width, shoulder-to-chest, and chest. R3's quarterly Minimum Data Set (MDS) assessment			20830			06/24/2026

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20830	Continued from page 10 dated 5/5/26, identified R3 had intact cognition and no behaviors or rejection of cares. R3 had an impairment to one side of her lower extremity. R3 was independent with wheelchair use and required staff assistance for activities of daily living, which included substantial and/or maximal assistance with transfers. The MDS identified R3's diagnoses of fracture, generalized muscle weakness, unsteadiness on feet, and difficulty in walking. R3's Nursing: Lift and Transfer Evaluation – V 5 dated 10/21/25, identified R3 required two-person assistance with “stand by assistance”. R3's physician order dated 1/31/26, identified R3 had weight bearing restrictions which included toe-touch weight bearing to left leg, non-weight bearing to right middle finger, and weight bearing as tolerated for right arm. R3's physical therapy Discharge Recommendations dated 4/18/26, identified R3 completed a stand pivot transfer with staff contact guard assistance. During interview on 6/16/26 at 2:47 p.m., physical therapy assistant (PTA) stated R3 transferred with a sit to stand machine and therapy was to assess R3 on 6/17/26. PTA stated R3 came back from the hospital 5/15/26, and 4/17/26 was the last time therapy worked with R3. PTA stated R3 was discharged from therapy with contact guard assistance for transfers. Review of R3's record identified on 5/15/26, R3 was transferred to the emergency department for bilateral lower extremity warmth. The emergency department diagnosed bilateral lower extremity edema and a closed nondisplaced fracture of the right second toe. Discharge instructions directed R3 to wear a hard-sole shoe during standing and ambulation, elevate the legs at rest, and follow up with orthopedics. A provider note dated 5/18/26 confirmed the right second toe fracture and continued the hard-sole shoe, buddy taping, orthopedic follow-up, and pain management. An Occupational Therapy note dated 6/5/26 documented that R3 was non-weight bearing pending orthopedic evaluation due to the toe fracture. R3's Nursing: Lift and Transfer Evaluation – V 5 dated 6/11/26, identified R3 required one person assistance with a sit to stand lift. R3 weighed 181.4 pounds and required a medium sized sling based on a weight scale range of 101 to 300 pounds.			20830			06/24/2026

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20830	Continued from page 11 R3's care plan dated 6/11/26, identified R3 used a sit to stand lift with substantial assistance of one. R3's care plan, Kardex, and point of care tasks did not identify the size of fully body mechanical lift sling and harness for the sit to stand lift. During interview on 6/17/26 at 4:27 p.m., R3 stated her toe was black and blue about a month ago and found out she had a broken toe at the hospital. R3 stated the staff at the hospital told her she was not supposed to put any weight on her toe, and staff varied on using a Hoyer and sit to stand machine with transfers since her return from the hospital. During interview on 6/16/26 at 11:43 a.m., NA-B and NA-C stated staff checked residents' Kardex to see what size of sling and transfer device to use for resident transfers. NA-B and NA-C stated staff knew the size of the slings based on the sling lining color. NA-B and NA-C stated R3 transferred with a full mechanical lift and had a sling in her room that they used. The nursing assistants looked at R3's Kardex, and R3's Kardex identified R3 required a sit to stand with assistance of one for transfers and did not identify what size of sling to use. The nursing assistants were not sure who told them R3 was non-weight bearing and to use a full body mechanical lift after she returned from the hospital a few weeks ago. NA-B went into R3's room and observed R3's full body mechanical lift sling which was in a drawer. The sling had a yellow lining to indicate the sling size was medium. During interview on 6/18/26 at 10:00 a.m., licensed practical nurse (LPN)-B stated R3 transferred with a Hoyer lift since R3's return from the emergency department. LPN-B stated staff knew how to transfer R3 and what size of sling to use based on R3's care plan. If R3's care plan did not identify sling size, staff needed to assess sling size and update the care plan. LPN-B stated staff should alert the nurse manager and update R3's care plan if R3 used a sit to stand lift but now used a Hoyer lift. During interview on 6/16/26 at 11:58 a.m., RN-B stated residents' Kardex identified what type of lift device and sling size to use for transfers. RN-B stated sling size was based on residents' weight. RN-B stated the nurse managers changed resident care plans and Kardex. RN-B reviewed R3's Kardex and point of care tasks and confirmed R3's record identified R3 used a sit to stand and did not identify what size sling to use. RN-B stated staff could use a full body mechanical lift for a resident care planned for a sit to stand lift, and RN-B updated therapy when there were concerns with how a resident		20830			06/24/2026	

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20830	Continued from page 12 transferred. During interview on 6/16/26 at 12:59 p.m., licensed practical nurse (LPN)-A, who was also a unit manager, stated residents' weight determined what sling size to use and sling size was on residents' Kardex. LPN-A stated staff could use a Hoyer lift on a resident who was care planned as a sit to stand lift, such as R3. Staff should notify LPN-A if staff they concerns with how a resident transferred or saw inconsistencies with care plan and resident transfer status, and LPN-A could request therapy involvement if needed. LPN-A stated a change in transfer would prompt a therapy evaluation, rather than temporary use of a Hoyer lift for a resident who normally used a sit to stand machine. LPN-A stated therapy assessed what transfer device a resident should use, and therapy communicated how a resident should transfer with staff. Residents' care plans and Kardex were updated with therapy's recommendations. LPN-A stated there were different sizes of sit to stand harnesses, but the medium sized sit to stand harness fit most residents. R3's physician order dated 6/17/26, identified R3 was weight bearing as tolerated for her right lower extremity for second toe. During an interview on 6/18/26 at 11:26 a.m. with physical therapist (PT) and occupational therapist (OT), PT stated nursing determined what size slings should be used for the residents, and therapists made recommendations on what kind of transfer device the staff should use with the residents. PT stated staff should tell them when a resident had a decline in transfer status, such as a resident who used to use a sit to stand and now used a Hoyer lift. PT stated nursing made an appropriate decision to downgrade R3 from a sit to stand to a Hoyer after R3's return from the emergency department. PT stated therapy could now work with R3, since R3 received weight bearing orders from her orthopedic provider. PT confirmed R3's weight bearing restriction order dated 1/31/26, weight bearing order dated 6/17/26, and could not find an order regarding R3's non-weight bearing status for right lower extremity. PT stated they were not following R3 at the time of or after her 5/15/26 emergency department visit, and nursing should have clarified weight bearing status and updated R3's care plan. During interview on 6/16/26 at 12:09 p.m., the ADON expected staff to alert the nurse manager if a change of transfer and weakness continued, so nursing could obtain an order for therapy from the provider. Therapy assessed when residents were			20830			06/24/2026

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20830	Continued from page 13 safe to return to sit to stand use. The ADON expected nurse managers to update resident care plans and Kardex to reflect correct transfer status and sling size if applicable. During a follow-up interview on 6/18/26 at 9:46 a.m., the ADON verified they completed R3's transfer assessment dated 6/11/26. The ADON stated they did not observe R3's transfer with staff and completed the transfer assessment by checking R3's care plan for transfer status and asking the nurse manager about R3's transfer status. The ADON stated R3 went to the orthopedic provider on 6/17/26, and R3 had a new order related to weight bearing status. The ADON expected staff to update the nurse manager if a resident had a change in transfer status. The ADON stated nursing staff could not make decisions about weight bearing related to a broken toe, and the hospital specified if changes were required for weight bearing or transfers. During interview on 6/17/26 at 11:32 a.m., the DON stated the management team did not review residents who used a sit to stand machine on 6/10/26 and 6/11/26 and verified R3's point of care tasks or care plan did not identify what size sling staff were to use to transfer R3. The DON stated it was important for staff to know the correct sling size for resident safety. During follow-up interview on 6/18/26 at 3:19 p.m., the DON stated R3 may have reported she was non-weight bearing despite being permitted to bear weight and staff should have followed up with a provider to clarify R3's weight-bearing status. R4 R4's quarterly Minimum Data Set (MDS) assessment dated 3/2/26, identified R4 had intact cognition and no behaviors or rejection of care. R4 required staff assistance with activities of daily living (ADL), such as partial and/or moderate assistance for wheelchair use and substantial/maximal assistance for transfers. R4's diagnoses included generalized muscle weakness, obesity, and delayed milestone in childhood. R4's Nursing: Lift and Transfer Evaluation – V 5 dated 12/5/24, indicated R4 was independent with transfer to and from bed, chair, and toilet. During interview on 6/17/26 at 2:22 p.m., PTA reviewed therapy notes and PTA stated R4 was last seen by therapy on 5/5/26 and was unsure what R4's transfer status was but would find out.			20830			06/24/2026

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20830	Continued from page 14 R4's Physical Therapy Discharge Summary signed 5/11/26, indicated R4 reached her highest practical level. The discharge summary indicated R4 was not currently ambulating due to ankle pain and was able to ambulate about 500 feet with four wheeled walker with contact guard assistance and breaks. The discharge summary identified R4 required morning and evening assistance and referred R4 to occupational therapy for wheelchair assessment; however, did not specify what level of assistance was required with transfers. During interview on 6/17/26 at 2:22 p.m., PTA reviewed therapy notes and PTA stated R4 was last seen by therapy on 5/5/26 and was unsure what R4's transfer status was. At 3:07 p.m., PTA stated R4 transferred with a sit to stand at the time of therapy in May 2026, and therapy did not change R4's transfer status at the time of R4's May 2026 therapy discharge. R4's Nursing: Lift and Transfer Evaluation – V 5 dated 6/11/26, indicated R4 required one person assist with a sit to stand lift. R4's weight was 230.6 pounds and required a medium sized harness based on a weight scale range of 101 to 300 pounds. During interview on 6/18/26 at 9:57 a.m., RN-D verified they completed R4's transfer assessment dated 6/11/26. RN-D stated they completed R4's transfer assessment by checking R4's care plan for transfer device and weight for sit to stand harness size. RN-D stated they did not observe R4 transfer with sit to stand as part of the assessment. R4's ADL self-care performance deficit care plan dated 6/11/26, identified R4 had limited mobility and transferred with a sit to stand lift. The care plan, Kardex, and point of care tasks did not identify a sit to stand harness size. During interview on 6/16/26 at 12:44 p.m., NA-D stated she checked resident care plan and Kardex for resident transfer status. NA-D stated residents had their own Hoyer slings in their rooms, and there was one size sling for the sit to stand machine. NA-D reviewed R4's care plan and Kardex and verified R4's record identified to use a sit to stand lift for transfers and did not identify what size harness to use. During observation and interview on 6/18/26 at 1:39 p.m., a Joerns Hoyer journey 340 sit to stand was observed without a leg strap and a harness gray colored with green lining sitting on top of the lift.			20830			06/24/2026

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NAME OF PROVIDER OR SUPPLIER NORTH RIDGE HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
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20830	Continued from page 15 NA-D confirmed the sit to stand machine did not have a leg strap. NA-D stated she did not need one to transfer R4, since the leg strap hurt R4's leg. During interview on 6/16/26 at 12:59 p.m., licensed practical nurse (LPN)-A, who was also a unit manager, stated residents' weight determined what harness size to use and harness size was on residents' Kardex. LPN-A stated therapy assessed what transfer device a resident should use, and therapy communicated how a resident should transfer with staff. Residents' care plans and Kardex were updated with therapy's recommendations. LPN-A stated there were different sizes of sit to stand harnesses, but the medium sized sit to stand harness fit most residents. During follow-up interview on 6/17/26 at 11:32 a.m., the DON stated the management team did not review residents who used a sit to stand machine and verified R4's point of care tasks or care plan did not identify what size sit to stand harness staff were to use to transfer R4. The DON stated it was important for staff to know the correct sling/harness sizes for resident safety. During follow-up interview on 6/18/26 at 3:19 p.m., the DON stated residents needed a therapy evaluation to determine safe transfer status if a resident stated a sit to stand machine leg buckle caused discomfort. R5 R5's quarterly Minimum Data Set (MDS) assessment dated 4/1/26, identified R5 had intact cognition and no behaviors or rejection of care. R5 required assistance with activities of daily living (ADL), such as substantial and/or maximal assistance for transfers and dependent on staff for wheelchair mobility. R5's Weights and Vitals Summary dated 6/18/26, identified R5's weight was 256 pounds on 1/17/26 and 222 pounds on 6/16/26. R5's Nursing: Lift and Transfer Evaluation – V 5 dated 1/19/26, identified R5 required transfers with a floor lift with two staff assistance. The evaluation did not identify R5's weight and identified R5 required a large sized harness based on a range of 301 to 450 pounds. R5's therapy "green slip" dated 3/23/26, identified R5 required a sit to stand lift for transfers. The therapy communication form did not indicate size of sit to stand harness.			20830			06/24/2026

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20830	Continued from page 16 R5's physical mobility care plan dated 4/7/26, identified R5 had limited physical mobility related to weakness and required a sit to stand lift for transfers with substantial/maximal assistance. The care plan, Kardex, and point of care tasks did not identify a sit to stand harness size. During an interview on 6/18/26 at 11:26 a.m. with physical therapist (PT) and occupational therapist (OT), they reviewed R5 discharged from physical therapy on 5/29/26 with use of a sit to stand lift. PT stated there were not specific notes related to one or two person transfer need but usually therapy specified when more than one person was needed for use of a sit to stand. PT stated nursing determined what size harness should be used for the residents, and therapists made recommendations on what kind of transfer device the staff should use with the residents. During observation and interview on 6/18/26 at 10:09 a.m., NA-E entered R5's room with a Hoyer elevate 440 sit to stand machine and a Hoyer standing sling deluxe which was gray in color with a green lining. NA-E verified the sit to stand harness was a large size. R5 sat on the side of her bed with her feet on the standing plate of the sit to stand machine. NA-E wrapped the harness around R5 and under R5's arms and buckled a strap at R5's chest and looped the left and right side of the harness onto the sit to stand machine. NA-E stated some sit to stand machines have a buckle around residents' legs, and NA-E stated this machine did not have a leg belt. The part of the machine where R5 rested her legs against had a spot for a safety belt to buckle in but there was no safety belt observed. NA-B entered the room. NA-E lifted R5 from the bed. R5 held onto the machine and went from a sitting position to a standing position. There was a gap between R5's chest and the strap buckled around her chest. NA-E tightened the chest strap which had raised to R5's chest, and there was still a visible gap between R5's chest and the sit to stand harness chest strap. NA-B and NA-E worked together to move R5 and the machine from the bed to R5's wheelchair and lowered R5 into the wheelchair. During interview on 6/18/26 at 10:25 a.m., NA-B reviewed R5's Kardex and point of care tasks. NA-B verified R5 was to use a sit to stand for transfers, and the Kardex and point of care tasks did not specify what harness size to use. During a follow-up interview on 6/18/26 at 10:45			20830			06/24/2026

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20830	Continued from page 17 a.m., NA-E stated she reviewed the care plan and Kardex to know how a resident transferred and what harness size to use. NA-E verified there was a gap between R5 and the buckle that went around R5's chest. NA-E stated R5 did not like it when the strap was too tight on her chest, and the sit to stand harness was secure under R5's arms. During interview on 6/18/26 at 10:31 a.m., LPN-A reviewed R5's assessments and care plan. LPN-A stated he had to check with the nursing assistants to see what size sit to stand harness they used for R5. LPN-A verified R5's last nursing transfer assessment was dated 1/19/26 and identified use of two person assist with a Hoyer and large size sling selection. LPN-A verified R5's nursing transfer assessment lacked a weight. During interview on 6/18/26 at 2:16 p.m., Joerns product support representative (PSR)-B stated the safety belt for the legs should be adjusted to fit if required. If not required, the safety belt could be detached and stored away. During interview on 6/17/26 at 11:32 a.m., the DON stated the management team reviewed residents who used Hoyer machines to ensure resident care plans identified type of lift device and resident point of care tasks identified sling size. The DON stated the management team did not review residents who used a sit to stand machine. The DON stated it was important for staff to know the correct sling sizes for resident safety. During interview on 6/18/26 at 3:19 p.m., the DON verified nursing did not complete resident transfer assessments through observation to assess resident safety with machines and slings. The DON stated therapy assessed resident transfer status through observations, and therapy made recommendations for how residents should transfer and what type of machine should be used to transfer resident. Therapy did not give recommendations for sling size and could alert nursing if they had a concern about a sling size. The DON stated staff reviewed manufacturer's instructions and updated transfer assessments to include manufacturer's weight range to determine which sling size to assign to a resident. The DON stated manufacturer's weight ranges overlapped with multiple sizes, so a resident could now use multiple sling sizes based on their weight. The DON expected staff to alert management or maintenance if a leg safety strap was missing on a sit to stand machine for resident safety or staff to complete an assessment to ensure resident was safe to transfer without the safety belt. The DON verified			20830			06/24/2026

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20830	Continued from page 18 R5's transfer assessment dated 1/19/26 did not indicate a weight and a large sling size was selected despite R5's weight of 256 pounds on 1/17/26. The DON reviewed R5's weight of 222 pounds on 6/16/26 and confirmed R5 would have required a medium sling size based on their weight standard previously but now needed to verify the appropriate sit to stand harness size for R5 based on her current weight and manufacturer's sizing recommendations. The facility Safe Lifting and Movement of Residents policy dated 3/2026, directed staff to document resident transferring and lifting needs in the care plan. The policy indicated transfer assessments will include: -Resident's preference for assistance; -Resident's mobility (degree of dependency); -Resident's size; -Weight-bearing ability; -Cognitive status; -Whether the resident is usually cooperative with staff; and -The resident's goals for rehabilitation, including restoring or maintaining functional abilities. The policy indicated all equipment design and use will meet or exceed guidelines and regulations concerning resident safety and the use of restraints. The facility F 656, F 657, and F 658 Comprehensive Care Plans policy dated 3/2026, identified the care planning and/or interdisciplinary team (IDT) is responsible for the periodic review and updating of care plans: -When there has been a significant change in the resident's condition; -When the desired outcome is not met; -When the resident has been readmitted to the facility from a hospital stay; and -At least quarterly. The policy directed the IDT to outline services in the comprehensive care plan that meet professional			20830			06/24/2026

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20830	Continued from page 19 standards of quality or accepted standards of clinical practice. 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 accessible, and staff are deemed competent to operator’s 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. TIME PERIOD FOR CORRECTION: Twenty-one (21) days			20830			06/24/2026