DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
June 15, 2023

Administrator
Southview Acres Healthcare Center
2000 Oakdale Avenue
West Saint Paul, MN 55118

RE: CCN: 245189
Cycle Start Date: May 3, 2023

Dear Administrator:

On June 9, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

June 15, 2023

Administrator
Southview Acres Healthcare Center
2000 Oakdale Avenue
West Saint Paul, MN 55118

Re: Reinspection Results
Event ID: WE5J12

Dear Administrator:

On June 9, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on May 3, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 12, 2023

Administrator
Southview Acres Healthcare Center
2000 Oakdale Avenue
West Saint Paul, MN 55118

RE: CCN: 245189
Cycle Start Date: May 3, 2023

Dear Administrator:

On May 3, 2023, a survey was completed at your facility by the Minnesota Departments of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

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

DEPARTMENT CONTACT

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

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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 August 3, 2023 (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 November 3, 2023 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

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

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245189	A. BUILDING _____ B. WING _____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHVIEW ACRES HEALTHCARE CENTER	2000 OAKDALE AVENUE WEST SAINT PAUL, MN 55118

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 5/3/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H51891866C (MN93002) H51892019C (MN91689) and (MN91657) H51892104C (MN90074) H51891715C (MN93006) with a deficiency issued at F689. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced	F 689		5/26/23

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

Electronically Signed | 05/19/2023

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

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F 689	Continued From page 1 by: Based on interview and document review, the facility failed to ensure the safety of 1 of 1 residents (R1) when staff used a Hoyer lift (a mechanical lift that aids in the transfer of a person from one surface to another) in a manner against manufacturer guidelines, and further failed to identify the appropriate sling for R1's Hoyer lift transfers. The resulted in the Hoyer lift tipping over during an attempted transfer of R1 from the bed to the wheelchair, and R1 fell to the floor. Findings include: R1's annual Minimum Data Set (MDS) dated 4/7/23, indicated R1 had moderate cognitive impairment, required assistance of two staff for transfers, and used a wheelchair for mobility. R1's nursing assistant care guide dated 4/19/23, indicated R1 used a large full body harness [sling]. R1's weight documented on 4/24/23 at 2:07 p.m., was 294 pounds (#). The Hoyer sling size chart located on the Hoyer lift on 5/3/23 at 1:00 p.m., indicated the recommended user weight for the large full body sling or the large divided leg sling was 150-275#. On 4/24/23 at 11:51 a.m., the facility's investigative notes indicated when nursing assistant (NA)-A was interviewed, NA-A stated while R1 was up in the lift, NA-A was on the opposite of the bed and not touching R1, the lift legs were slightly open, and the resident and machine started to tilt. The investigative file also	F 689	R1 remains in the facility. R1 had a new lift mobility assessment completed and the care plan was reviewed and updated as needed. All existing residents who utilize mechanical lifts were reviewed and lift assessments and care plans were reviewed and updated as needed. Future residents who admit to the facility requiring a mechanical lift will be placed in a room to accommodate the lift procedure and will be sized for the appropriate lift sling, a care plan and assessment will also be initiated. Licensed staff and nurse aides were in-serviced on the use of Reliant Mechanical Lift with an competency updated on 5/18/2023 with a focus on ensuring there is enough room to pivot in the room and ensuring that lift machine legs are fully extended. Director of Nursing and/or designee is responsible for compliance. Audits on sling size, extension of lift legs during transfer and ensuring room is unobstructed to pivot machine will begin 2x week for 2 weeks, weekly x 4 weeks then monthly to ensure compliance. Audit results will be reviewed by the Executive Director and the Executive Director will present audit findings to QAPI for review and recommendation. Compliance: 5/26/2023	

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	245189	A. BUILDING _____ B. WING _____	C 05/03/2023

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SOUTHVIEW ACRES HEALTHCARE CENTER	2000 OAKDALE AVENUE WEST SAINT PAUL, MN 55118

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F 689	Continued From page 2	F 689		

included interview notes from NA-B dated 4/24/23 (no time), in which NA-B stated he did not believe the legs on the lift were open fully during the transfer, the resident upper body was not covered by the sling, and shifted when R1 was lifting, causing the lift to tip, and R1 to fall. NA-B's interview notes further indicated the resident was placed back on the bed, and R1's Hoyer sling was changed from a large full body sling to an extra large divided leg for future transfers. R1 did not receive an injury.

On 5/3/23 at 3:31 p.m., NA-A was interviewed and stated the lift tipped over during R1's transfer, with R1 in the sling up in the air and NA-B operating the lift on one side of the bed. NA-A was on the opposite side of the bed. NA-A stated the policy was for one staff to hold the resident's legs during transfer, and the other staff to operate the lift. During this lift, no one was supporting R1's legs as there was not enough room for both staff on the same side of the bed. NA-A further stated the legs of the lift were supposed to be fully open, but they were not.

On 5/3/23 at 11:53 a.m., NA-B was interviewed and stated R1's room was a "tight space," and, "We could barely extend the legs of the lift, but not all they way," to use the Hoyer lift with a wheelchair, cabinet, and a chair all in the room. NA-B further stated, "I was pulling out the lift [from under the bed] and the other guy was holding on to her feet to clear the bed from the other side of the bed. We pulled her out, and it [the Hoyer lift] tipped, and she fell on the floor." NA-B stated the transfer occurred several times before, with the legs of the lift not fully extended due to the space limitation with no problems. NA-B stated, "It depends on the room, whether

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F 689	Continued From page 3 we can extend the legs or not. The manual says the sling [size] goes by the weight [of the resident]; she needed an extra large ot two XL. I'm not sure what the manual says about extending the legs of the lift. We had a training for the entire building. I can't remember any training about having the legs fully extended. It is safe to transfer with the legs not fully extended. It depends upon the space for transfer." On 5/3/23 at 1:02 p.m., registered nurse (RN)-A was interviewed and stated the Hoyer sling for each resident was chosen based upon weight. RN-A stated R1's sling size was a large based upon her weight on 2/27/23, of 265#, but R1 had gained weight and on 3/1/23, weighed 290#. RN-A stated, "Her weight and sling size should have been reassessed then. It was not the right size when she fell." On 5/3/23 at 3:55 p.m. the director of nursing (DON) was interviewed and stated clinical managers assessed residents for the correct sling size, and the sling size for each resident was noted on the care guide and the care plan. The DON stated the expectation if a resident was mid-transfer and the transfer was not going well, staff put the resident back down in a safe place and get a nurse to help. The DON stated staff was educated that one staff runs the controls of the mechanical lifts, and another staff should have a hand on the resident to steady them and provide comfort and reassurance during the transfer. The DON stated the nursing assistants were provided training after the incident. The facility training records compentency checklist did not include ensuring the mechanical lift legs being fully extended prior to transfer.	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245189	A. BUILDING _____ B. WING _____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHVIEW ACRES HEALTHCARE CENTER	2000 OAKDALE AVENUE WEST SAINT PAUL, MN 55118

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F 689	Continued From page 4 The Invacare Reliant 450 Hoyer Lift manual, (the lift used for R1's transfers), included a warning that the legs of the lift must be in the maximum open position for optimum stability and safety. An additional warning indicated adjustments in the sling for safety and comfort should be made before moving the patient. The manual indicated Invacare recommended that two assistants be used for all lifting preparation and transferring to and transferring from procedures.	F 689		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 12, 2023

Administrator
Southview Acres Healthcare Center
2000 Oakdale Avenue
West Saint Paul, MN 55118

Re: State Nursing Home Licensing Orders
Event ID: WE5J11

Dear Administrator:

The above facility was surveyed on May 3, 2023 through May 3, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

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

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:

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00102	A. BUILDING: _____ B. WING _____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHVIEW ACRES HEALTHCARE CENTER	2000 OAKDALE AVENUE WEST SAINT PAUL, MN 55118

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 5/3/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00102	A. BUILDING: _____ B. WING _____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHVIEW ACRES HEALTHCARE CENTER	2000 OAKDALE AVENUE WEST SAINT PAUL, MN 55118

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2 000	Continued From page 1 identify the date when they will be completed. The following complaints were reviewed: H51891866C (MN93002) H51892019C (MN91689) and (MN91657) H51892104C (MN90074) H51891715C (MN93006) with a licensing order issued at 4658.0520 Subp 1. 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	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00102	A. BUILDING: _____ B. WING _____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHVIEW ACRES HEALTHCARE CENTER	2000 OAKDALE AVENUE WEST SAINT PAUL, MN 55118

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2 000	Continued From page 2 is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure the safety of 1 of 1 residents (R1) when staff used a Hoyer lift (a mechanical lift that aids in the transfer of a person from one surface to another) in a manner against manufacturer guidelines, and further failed to identify the appropriate sling for R1's Hoyer lift transfers. The resulted in the Hoyer lift tipping over during an attempted transfer of R1	2 830	Corrected	5/26/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00102	A. BUILDING: _____ B. WING _____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHVIEW ACRES HEALTHCARE CENTER	2000 OAKDALE AVENUE WEST SAINT PAUL, MN 55118

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2 830	Continued From page 3 from the bed to the wheelchair, and R1 fell to the floor. Findings include: R1's annual Minimum Data Set (MDS) dated 4/7/23, indicated R1 had moderate cognitive impairment, required assistance of two staff for transfers, and used a wheelchair for mobility. R1's nursing assistant care guide dated 4/19/23, indicated R1 used a large full body harness [sling]. R1's weight documented on 4/24/23 at 2:07 p.m., was 294 pounds (#). The Hoyer sling size chart located on the Hoyer lift on 5/3/23 at 1:00 p.m., indicated the recommended user weight for the large full body sling or the large divided leg sling was 150-275#. On 4/24/23 at 11:51 a.m., the facility's investigative notes indicated when nursing assistant (NA)-A was interviewed, NA-A stated while R1 was up in the lift, NA-A was on the opposite of the bed and not touching R1, the lift legs were slightly open, and the resident and machine started to tilt. The investigative file also included interview notes from NA-B dated 4/24/23 (no time), in which NA-B stated he did not believe the legs on the lift were open fully during the transfer, the resident upper body was not covered by the sling, and shifted when R1 was lifting, causing the lift to tip, and R1 to fall. NA-B's interview notes further indicated the resident was placed back on the bed, and R1's Hoyer sling was changed from a large full body sling to an extra large divided leg for future transfers. R1 did not receive an injury.	2 830		

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2 830	Continued From page 4 On 5/3/23 at 3:31 p.m., NA-A was interviewed and stated the lift tipped over during R1's transfer, with R1 in the sling up in the air and NA-B operating the lift on one side of the bed. NA-A was on the opposite side of the bed. NA-A stated the policy was for one staff to hold the resident's legs during transfer, and the other staff to operate the lift. During this lift, no one was supporting R1's legs as there was not enough room for both staff on the same side of the bed. NA-A further stated the legs of the lift were supposed to be fully open, but they were not. On 5/3/23 at 11:53 a.m., NA-B was interviewed and stated R1's room was a "tight space," and, "We could barely extend the legs of the lift, but not all they way," to use the Hoyer lift with a wheelchair, cabinet, and a chair all in the room. NA-B further stated, "I was pulling out the lift [from under the bed] and the other guy was holding on to her feet to clear the bed from the other side of the bed. We pulled her out, and it [the Hoyer lift] tipped, and she fell on the floor." NA-B stated the transfer occurred several times before, with the legs of the lift not fully extended due to the space limitation with no problems. NA-B stated, "It depends on the room, whether we can extend the legs or not. The manual says the sling [size] goes by the weight [of the resident]; she needed an extra large ot two XL. I'm not sure what the manual says about extending the legs of the lift. We had a training for the entire building. I can't remember any training about having the legs fully extended. It is safe to transfer with the legs not fully extended. It depends upon the space for transfer." On 5/3/23 at 1:02 p.m., registered nurse (RN)-A was interviewed and stated the Hoyer sling for	2 830		

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2 830	Continued From page 5 each resident was chosen based upon weight. RN-A stated R1's sling size was a large based upon her weight on 2/27/23, of 265#, but R1 had gained weight and on 3/1/23, weighed 290#. RN-A stated, "Her weight and sling size should have been reassessed then. It was not the right size when she fell." On 5/3/23 at 3:55 p.m. the director of nursing (DON) was interviewed and stated clinical managers assessed residents for the correct sling size, and the sling size for each resident was noted on the care guide and the care plan. The DON stated the expectation if a resident was mid-transfer and the transfer was not going well, staff put the resident back down in a safe place and get a nurse to help. The DON stated staff was educated that one staff runs the controls of the mechanical lifts, and another staff should have a hand on the resident to steady them and provide comfort and reassurance during the transfer. The DON stated the nursing assistants were provided training after the incident. The facility training records compentency checklist did not include ensuring the mechanical lift legs being fully extended prior to transfer. The Invacare Reliant 450 Hoyer Lift manual, (the lift used for R1's transfers), included a warning that the legs of the lift must be in the maximum open position for optimum stability and safety. An additional warning indicated adjustments in the sling for safety and comfort should be made before moving the patient. The manual indicated Invacare recommended that two assistants be used for all lifting preparation and transferring to and transferring from procedures. SUGGESTED METHOD OF CORRECTION: The	2 830		

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2 830	Continued From page 6 Director of Nursing or designee could develop polices and procedures regarding safe use of mechanical lifts. The Director of Nursing or designee could educate staff on the policies and procedures. The Director of Nursing or designee could develop a monitoring system to ensue staff use proper care and safety techniques when utilizing mechanical lifts. TIME FRAME FOR CORRECTION: Twenty One (21) Days	2 830		