



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
February 14, 2024

Administrator  
Birchwood Health Care Center  
604 - 1st Street NE  
Forest Lake, MN 55025

RE: CCN: 245200  
Cycle Start Date: January 4, 2024

Dear Administrator:

On January 23, 2024, we notified you a remedy was imposed. On February 3, 2024 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of February 3, 2024.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective February 7, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of January 23, 2024, 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 February 7, 2024 due to denial of payment for new admissions. Since your facility attained substantial compliance on February 3, 2024, 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 Therefore, the NATCEP prohibition is rescinded.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 Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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



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February 14, 2024

Administrator  
Birchwood Health Care Center  
604 - 1st Street Ne  
Forest Lake, MN 55025

Re: Reinspection Results  
Event ID: 6FUG12 and ETSM12

Dear Administrator:

On February 3, 2024 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the surveys completed on January 4, 2024 and January 10, 2024. 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, appearing to read 'Melissa Poepping'.

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



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Electronically delivered  
January 17, 2024

Administrator  
Birchwood Health Care Center  
604 - 1st Street Ne  
Forest Lake, MN 55025

RE: CCN: 245200  
Cycle Start Date: January 4, 2024

Dear Administrator:

On January 4, 2024, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

#### **ELECTRONIC PLAN OF CORRECTION (ePoC)**

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

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

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

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

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

Birchwood Health Care Center

January 17, 2024

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

#### DEPARTMENT CONTACT

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

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

#### PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

#### VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

#### FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by April 4, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by July 4, 2024 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the

Birchwood Health Care Center

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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/ltr\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/ltr_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](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

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

Feel free to contact me if you have questions.

Sincerely,



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



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January 17, 2024

Administrator  
Birchwood Health Care Center  
604 - 1st Street Ne  
Forest Lake, MN 55025

Re: State Nursing Home Licensing Orders  
Event ID: 6FUG11

Dear Administrator:

The above facility was surveyed on January 3, 2024 through January 4, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](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.

Birchwood Health Care Center

January 17, 2024

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PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

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

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

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.



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

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

PRINTED: 02/01/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245200</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/04/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BIRCHWOOD HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>604 - 1ST STREET NE FOREST LAKE, MN 55025</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS  On 1/3/24 through 1/4/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.  The following complaints were reviewed. H52008563C (MN00099618) 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 by: Based on observation, interview, and document review the facility failed to ensure comprehensive	F 689	The preparation of the following plan of correction for this deficiency does not	2/3/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/26/2024

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

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F 689	<p>Continued From page 1</p> <p>assessments for mechanical lift harness/sling size according to manufacturers's recommendations for 2 of 2 residents (R1, R2) and failed to appropriately assess and develop and implement an individualized care plan for safe mechanical lift transfers for R1. Additionally, failed to have a systematic approach for preventative maintenance tracking and repairs for 4 of 4 mechanical lifts.</p> <p>Findings include:</p> <p>R1's face sheet identified R1 had diagnoses that included osteoarthritis and repeated falls.</p> <p>R1's care plan dated 5/4/23, included R1 had limited physical mobility and was at risk of falls with the intervention dated 4/24/23, that directed R1 required full body mechanical lift and appropriate sling size (not specified). R1's record did not include a comprehensive assessment for sling size.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 11/14/23, identified R1 did not have cognitive impairment. R1 was dependent on staff for toileting and transfers. The MDS indicated R1 did not have any falls since admission.</p> <p>R1's progress note dated 11/15/23, indicated R1 was to use a stand aid for transfers.</p> <p>In review of R1's record, it was not evident a comprehensive transfer assessment was completed, nor evident the care plan was revised to reflect change in mechanical lifts according to progress note 11/15/23. Additionally not evident a comprehensive assessment was completed for harness size to use with the standing lift.</p>	F 689	<p>constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because it is required by provisions of State and Federal law. Without waiving the foregoing statement, the facility states that:</p> <ol style="list-style-type: none"> <li>1. R1 and R2 have been reassessed to ensure the appropriate sling size is in place and their care plan and NAR care sheets have been updated.</li> <li>2. All residents who utilize the sit to stand mechanical lift were reassessed to ensure the appropriate sling size is in place and their care plan and NAR care sheets have been updated as indicated. We also replaced all slings outside of manufactures recommendation for warranted coverage.</li> <li>3. All nursing and therapy staff were trained in determining proper sling size for sit to stand mechanical lift and care planning and updating NAR care sheets. Weekly preventative maintenance has been enhanced by placing a QR code on each sit to stand lift so all preventative maintenance will document the service for each specific lift. An inventory management system was developed to track slings in service and to determine replacement schedule. The safe patient handling guideline has been reviewed.</li> <li>4. To maintain compliance Birchwood Executive Director or Designee will audit a log of all slings utilized for a sit to stand</li> </ol>	

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NAME OF PROVIDER OR SUPPLIER  <b>BIRCHWOOD HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>604 - 1ST STREET NE</b> <b>FOREST LAKE, MN 55025</b>		
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F 689	<p>Continued From page 2</p> <p>R1's progress note titled "post fall data collection" dated 12/12/23, identified R1 had a fall at 5:00 p.m. R1 lost strength, appeared to get weak, and was lowered to the floor. The note did not identify what type of lift or sling used at the time of the fall. R1's progress note titled "adverse event note" dated 12/12/23 identified a "PAL stand" to be used and the interventions in place included using a full body mechanical lift now.</p> <p>R1's progress note dated 12/13/23, indicated R1 was being transferred with a full body mechanical lift due to the fall from the lift on 12/12/23. Physical therapy (PT) assessed R1 for transfer status. R1 did well using large harness for sit-to-stand mechanical lift. "Therapy said we are able to use assist lift for transfers now."</p> <p>In review of R1's record, it was not evident the care plan was revised to reflect the use of the sit-to-stand lift according to therapy recommendations.</p> <p>During interview on 1/4/23 at 2:24 p.m., nursing assistant (NA)-B indicated was involved with R1's fall on 12/12/23 with licensed practical nurse (LPN)-A. NA-B reported during the transfer with the standing lift, R1 slid through the strap of the harness and was lowered to the floor. NA-B stated she based the harness size on if it would fit around the resident's waist. The of size of the harness was determined whoever was in charge of the transfer at the time. NA-B did not know what size harness was used when R1 fell out on 12/12/23, but she used the largest size that was available in the building. NA-B expressed concerns with R1's ability to stand in the mechanical stand lift because R1 was unable to</p>	F 689	<p>mechanical lifts which shows date sling was put into service. We will follow the manufacturer's recommendation for warranted coverage and replacement. This audit will be completed monthly going forward.</p> <p>All residents who utilize a sit to stand lift will be audited weekly for 2 months to ensure they are using the correct sling size, and their care plan and NAR care sheet is current. Audits will be completed on the preventative maintenance to ensure that accurate results are showing for each sit to stand lift. Results of these audits will be brought to QAPI monthly for review and further discussion.</p>	

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F 689	<p>Continued From page 3</p> <p>maintain half of his weight or to stand upright. NA-B described R1 as weak and he would sink and slouch despite telling him to "keep standing". NA-B reported telling the nurse but was directed to keep using the standing lift anyway.</p> <p>Facility reported incident (FRI) dated 12/30/23, indicated while nursing assistants were assisting R1 from bed to wheelchair in a mechanical stand lift a bolt came out of the left leg (of the machine), therefore causing the machine to tip to the left side with R1 in the machine. R1 hit their head on bedside table striking some things and breaking them while going down to the floor, with the machine landing on him.</p> <p>The facility weekly safety inspections maintenance logs for the mechanical lifts were reviewed. There was not individual safety and/or maintenance tracking logs for each of the facility's four (4) sit-to-stand lifts. The log did not identify if each lift was inspected on dates indicated and/or the maintenance details of any parts that were replaced or work performed on each lift. There was one blanket form that indicated the safety inspection for all lifts was completed.</p> <p>During interview on 1/3/24 at 1:24 p.m., NA-A reported on 12/30/23, she and universal aide (UA) were transferring R1 with the sit to stand lift from his bed to wheelchair. NA-A ran the lift while UA was the second person. When pivoting the machine to the left and upon opening the legs of the lift, a bolt fell out of the machine causing the machine to become off balance and tip over. R1 fell onto a bedside table causing it to break. NA-A indicated the lift was removed from service.</p> <p>During interview on 1/3/24 at 11:10 a.m.,</p>	F 689		

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F 689	<p>Continued From page 4</p> <p>universal aid (UA)-A indicated being the spotter for a sit to stand mechanical lift for R1 in which a bolt came out of the leg of the mechanical lift causing the lift to malfunction tipping over ultimately landing on R1. UA-A expressed concerns with R1's ability to use the lift in general due to sliding out of the harness just a couple weeks prior. During secondary interview on 1/4/24 at 3:04 p.m., UA-A reported R1 was unable to support his weight in the machine causing R1 to "sink" in the harness, slide down and reported R1 was unable to stay in an upright position even with constant cues. UA-A had expressed concerns to other nursing assistants and nurses prior to 12/12/23, however was told R1 was fine to be in a stand lift. UA-A declined knowing the harness size used for R1 at the time of the fall and was unable to confirm sling sizes by looking at them.</p> <p>During interview on 1/3/24 at 10:48 a.m., R1 indicated he had two falls from sit-to-stand mechanical lifts. The first time he was dropped was when being transferred from chair to bed in which he landed on his bottom. The second time a screw broke which caused him to fall to the ground hitting his head and causing pain in his right elbow, knee, neck, and right ankle. The lift fell on top of him hitting the right side of his head above his ear. R1 expressed concerns regarding facility staff training, education on how to use lifts as well as paying attention to safety concerns when using the lift. R1 was fearful from the experiences.</p> <p>During observation on 1/4/24 at 7:25 a.m., physical therapy assistant (PTA)-A entered R1's room with standing lift and placed two harness's on R1's wheelchair. NA-C was also in R1's room.</p>	F 689		

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F 689	<p>Continued From page 5</p> <p>PT-A placed the lift in front of R1 while NA-C grabbed one of the harness's from R1's wheelchair, applied the harness around R1's back, and connected it to the lift. The tag on the harness was worn making the size not discernable. PT-A gave verbal prompts to R1 to come to a standing position, "so when you feel that weight I want you to start to pull forward with your arms and tighten your butt" "Keep those legs up". R1 was observed to be in a squatting position and not in the upright position during the transfer. During the transfer R1 gave NA-C instructions on how to complete R1's transfer using the mechanical standing lift. After the transfer NA-C was asked what size harness was used on R1, NA-C responded "large". NA-C then looked at the tag on the harness, recanted her statement, and stated she did not know what size the harness was because it had been worn off.</p> <p>During interview on 1/4/24 at 7:55 am., after R1's transfer, PTA-A stated an unawareness R1 had a fall on 12/12/23, however was aware of a fall on 12/30/23. PTA-A explained the transfer was not ideal and R1 should have been in a more upright position; "he was in a pretty good squat" during the transfer. R1 required verbal cues to stand-up straight. PTA-A reported NA-C should have raised the mechanical lift higher and PTA-A should have provided cues to do so. Part of physical therapies goals were to train staff on how to cue R1 in the mechanical stand lift. PTA-A stated R1 required an extra large (XL) size harness, however was unable to articulate what size harnesses were available on the unit due to some tags missing/deteriorated.</p> <p>During interview on 1/4/24 at 12:35 a.m., clinical manager (CM)-A indicated the care plan has not</p>	F 689		

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F 689	<p>Continued From page 6</p> <p>identified the size of harness R1 required for standing lift transfers nor did it direct staff to provide R1 safety cues during the transfer. CM-A could not confirm if R1 was using an appropriate harness size, but assumed facility staff would use a harness that would fit around R1. CM-A indicated there were not assessments completed to ascertain and/or address R1's varying levels of fatigue and ability to consistently complete standing lift transfers.</p> <p>During interview on 1/4/24 at 2:03 p.m., registered physical therapist (PT)-A explained R1 required verbal cues and specific prompting for safe transfers using the sit-to-stand lift. PT-A was unaware if those specific prompts/techniques were outlined in R1's care plan. PT-A stated an unawareness if all staff had been trained in R1's individualized transfer techniques. PT-A reviewed R1's record, PT-A reported she found only one nursing assistant had received coaching from PT however, the notes did not identify the staff's name. PT-A indicated it would have been ideal to keep R1 on a fully body mechanical lift transfer until all staff were fully trained and R1's consistency for standing tolerance had been demonstrated.</p> <p>During interview on 1/3/24 at 2:41 p.m., Environmental service director (ES)-A indicated he was notified of the fall from the lift on 12/30/23 and the machine was immediately removed from use. ES-A stated he was given the lift and a bolt and a washer that had come off of the machine during the transfer. The machine was assessed for damaged and reassembled with liquid thread locking devise (lock tight) was applied. ES-A indicated he did not separate the maintenance tracking for each lift and was unable to articulate</p>	F 689		

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F 689	<p>Continued From page 7</p> <p>when maintenance was performed on each lift.</p> <p>R2's face sheet identified R1 had diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side.</p> <p>R2's annual MDS dated 11/30/23, identified R2 did not have cognitive impairment. R2 was dependent on staff for toileting and transfers. The MDS indicated R2 did not have any falls since admission.</p> <p>R2's care plan dated 11/18/22, identified R2 had impaired mobility due to diagnosis and weakness. R2's fall intervention included assist of two staff members for transfers with a standing lift. R2's care plan did not include the harness size to be used for the lift.</p> <p>In review of R2's record it was not evident an assessment was completed to determine standing lift harness size.</p> <p>R2's Adverse event note dated 8/16/23, indicated nursing assistants were assisting R2 with peri care while R2 was in mechanical standing lift. R2 let go of the lift's handles and started to slip out of the lift. Nursing assistants lowered R2 to the floor.</p> <p>R2's Physical therapy evaluation dated 8/22/23 indicated physical therapy (PT) goals were for R2 to safely transfer with stand PAL (sit to stand mechanical lift) with good posture and extension of trunk and lower extremities. Prior level of function was mechanical sit to stand lift and baseline was Hoyer lift (full body lift). PT Discharge Summary dated 9/13/23 indicated patient now transfers to toilet with stand lift as prior.</p>	F 689		

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F 689	<p>Continued From page 8</p> <p>During observation on 1/4/25 at 10:47 a.m., NA-D assisted R2 with activities of daily living (ADL's) including rolling side to side in bed with assist of one person. Once R1 was dressed NA-E entered the room for a full body lift transfer. NA-E and NA-D transferred R1 from bed to power wheelchair with use of full body lift and sling. Sling size was unknown, however fit appeared appropriate.</p> <p>During interview on 1/4/25 at 11:00 a.m., NA-E indicated R2 was unable to use the sit to stand lift any more due to therapy reporting it was no longer safe. Staff were to use the full body lift for all transfers.</p> <p>During interview on 1/4/24 at 11:13 a.m., registered nurse (RN)-A indicated R2 was to use a Hoyer from bed and was to use the sit to stand for going to the bathroom. RN-A reported therapy had assessed R2 and it was okay for staff to use the sit to stand lift. During interview on 1/4/23 at 9:00 a.m., RN-A indicated therapy completed sling and harness assessments and sizes were determined based on resident's weight. Facility staff weighed residents on admission and the information was entered into team sheets. Staff would know the sling and harness size based on the tag located on the sling or harness. RN-A reported if the tag was worn or missing RN-A was unsure how staff would know the size of the sling/harness.</p> <p>During interview on 1/3/24 at 11:10 a.m., universal aid (UA)-A indicated she had been involved in the transfer on 8/16/23. R2 had wiggled their butt during the transfer causing R2 to slide out of the harness of the lift and was</p>	F 689		

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F 689	<p>Continued From page 9</p> <p>lowered to the floor. UA-A did not know the harness size used for R2 at the time. UA-A indicated she would not be unable to identify a sling size if the tag was missing or tattered as was typically where the size would be. UA-A was not aware of a sizing or color chart to use in order to determine harness/sling sizes.</p> <p>During interview on 1/3/24 at 5:01 p.m., LPN-A indicated the size harnesses residents used were determined by management with NA's input to determine the right size. The loops that were connected to the machine was up to the discretion of staff who were completing the transfer. LPN-A looked at two harnesses hanging over a standing mechanical lift; LPN-A indicated she was unable to read the size of the sling because the tags were worn and there was not a color sizing chart to ascertain the harness size in the building.</p> <p>During interview on 1/4/24 at 12:35 a.m., clinical manager (CM)-A indicated assessments for sling size stopped approximately a year ago and had not been delegated yet. CM-A explained after a lift incident, the causal analysis did not include looking at which size and/or which sling/harness was used. R1 and R2 had not been assessed for sling size during their stay at the facility. CM-A indicated all staff are responsible for reporting quality of harnesses, however no specific person manages sling condition or age. CM-A was unaware of manufactures recommendations for when to replace a harness. CM-A indicated R2 fell due to "messaging around" and letting go of the lift. CM-A declined causal analysis of what size harness R2 was wearing at time of the fall. Intervention was to be assessed by therapy; R2 was changed to assist of two staff for standing</p>	F 689		

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

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FORM APPROVED  
OMB NO. 0938-0391

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F 689	<p>Continued From page 10</p> <p>and full body mechanical lift transfers with instructions to remind R2 to "keep serious." CM-A reported the facility had two harness sizes, small and large. Upon observation of harness sizes within the facility, CM-A located XL and a medium size. CM-A was unaware these sizes were available in the facility. CM-A indicated a color-coding system could be used for harnesses size and loop placement, however was not aware of a resource that was accessible to facility staff. CM-A indicated residents were at risk for falls from lifts if the sling/harness was not the right size.</p> <p>During interview on 1/4/24 at 9:10 a.m., director of nursing (DON) indicated R2 had a fall on 8/16/23, however was not the director of nursing at the time and was only able to provide information from an "adverse event note" in R2's medical record. DON indicated the causal analysis was not thorough; the analysis did not include which harness, size of harness, if the harness had been applied correctly, or if all manufacturer's safety guidelines for operating the lift were followed. DON indicated using old or "expired" slings or harnesses could cause a potential injury as over time they wear and residents could slide more. DON was unaware the age of slings/harnesses in the building or system in place to identify age, however recalled some of them to look "pretty ratty". An injury could potentially happen if staff were not following manufactures recommendations. Staff would be unable to identify sling or harness sizes if tags were worn out or missing. DON was not aware of who completed sling or harness assessments in the facility and there was not a system in place. DON identified R1's care plan indicated "full mechanical lift" and that the care plan was not</p>	F 689		

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F 689	<p>Continued From page 11</p> <p>updated or accurate. DON indicated was important all care plans were accurate and identified appropriate sizes and styles of lifts and slings/harnesses for the safety of residents. DON explained not having documentation of maintenance performed on each individual lift or tracking lifts involved in incidents could cause a safety hazard as there was no way to track the concerns</p> <p>During interview on 1/4/23 at 4:10 p.m., SMT Health systems lift representative (LR)-B indicated sling and harness sizes should be individualized and assessed prior to use. Slings/harnesses should be based on manufacturer's sizing chart which includes assessing height, weight and shoulder size. Both the size of the sling/harness and the loops are associated with a color-coding system using a color coded chart. LR-B indicated all staff using the lift should be fully trained and competent. LR-B indicated the quality of the sling/harness was important for integrity and any wear and tear or strings coming off the sling/harness should be replaced. The slings/harness were under warranty for two years which is also when it was recommended they were replaced. Not following manufactures recommendation could cause a safety hazard such as a fall.</p> <p>Manufactures recommendations from SMT health systems for Volaro style lift indicate slings that show wear, is torn, bleached out or has loose threads should NOT be used. Slings should be inspected before each use. Due to the variety of resident shapes and dementions, the appropriate size should be selected to accommodate specific patients. Care should be taken to ensure that the mechanical lift selected has the capacity to safely</p>	F 689		

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F 689	<p>Continued From page 12</p> <p>lift the resident. Maintenance schedule identifies checking the condition of all slings every day is important and if in doubt of its operational ability to safely lift a person, then discard the sling and order a new sling. SMT recommends replacing slings after two years. Volaro Lift/Transfer Assessment form identifies weight bearing, upper body strength, residents ability to follow simple commands and weight are important factors in determining appropriate style lifts. Maintenance should be performed on the lift itself every three months to include lubrication of pivot points, greasing the actuator, checking the leg adjuster notch plate for signs of wear, checking the movement of the lift, checking leg and vinal covers, external fittings and tighten where needed and remove padding and check shoulder bolts and fittings. Periodic testing and general visual inspection of machines to be conducted any time to ensure no adverse damage has occurred and if any doubt withdraw the equipment from use and call SMT customer service.</p> <p>Undated policy titled "Mechanical lift and safe patient handling" identifies all staff are to follow the policy to ensure resident safety and all employees will be trained on the significance and requirements for all types of lifts. To maintain the lifts staff are to ensure adequate preventative maintenance, track and log all lift data in TELS and perform weekly checks to verify function and condition. Mechanical lift guidance identifies ALL lifts and slings must be dated when put into service, need to update materials to include facility specific information including lift types, slings, and specialty straps/slugs. Mechanical lift operation requires staff to ensure proper sling selection, ensure proper sling size, know types of slings, and uses, and remove damaged slings</p>	F 689		

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F 689	Continued From page 13 immediately. Sit to stand guidance includes knowledge of the resident needed weight bearing, hand grasp, range of motion, cooperative and pain level. Expectation of staff for slings was to inspect and maintain. Safe patient handling includes guidance for clinical manager or facility designee to determine transfer type, lift type and sling choice for resident. Only licensed nurses can determine the mode in which residents should be transferred. Quality improvement efforts include including transfer type lift type, and sling size or type on assignment sheets, audit mechanical lift transfers and verify completion of education. Action items include to review preventative maintenance programs and inspect all equipment to ensure dated. Incidents and training include to complete investigation including re-enactment, review indications of mechanical trouble which required maintenance and removal from service, inspection of slings to identify signs of wear.	F 689		

Minnesota Department of Health

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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 1/3/24 through 1/4/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

01/26/24

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>The following complaints were reviewed. H52008563C (MN00099618) with a licensing order issued at (0830)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a> 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.</p>	2 000		

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2 830	<p>MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure comprehensive assessments for mechanical lift harness/sling size according to manufacturers's recommendations for 2 of 2 residents (R1, R2) and failed to appropriately assess and develop and implement an individualized care plan for safe mechanical lift transfers for R1. Additionally, failed to have a systematic approach for preventative maintenance tracking and repairs for 4 of 4 mechanical lifts.</p>	2 830	Corrected	2/3/24

Minnesota Department of Health

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2 830	<p>Continued From page 3</p> <p>Findings include:</p> <p>R1's face sheet identified R1 had diagnoses that included osteoarthritis and repeated falls.</p> <p>R1's care plan dated 5/4/23, included R1 had limited physical mobility and was at risk of falls with the intervention dated 4/24/23, that directed R1 required full body mechanical lift and appropriate sling size (not specified). R1's record did not include a comprehensive assessment for sling size.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 11/14/23, identified R1 did not have cognitive impairment. R1 was dependent on staff for toileting and transfers. The MDS indicated R1 did not have any falls since admission.</p> <p>R1's progress note dated 11/15/23, indicated R1 was to use a stand aid for transfers.</p> <p>In review of R1's record, it was not evident a comprehensive transfer assessment was completed, nor evident the care plan was revised to reflect change in mechanical lifts according to progress note 11/15/23. Additionally not evident a comprehensive assessment was completed for harness size to use with the standing lift.</p> <p>R1's progress note titled "post fall data collection" dated 12/12/23, identified R1 had a fall at 5:00 p.m. R1 lost strength, appeared to get weak, and was lowered to the floor. The note did not identify what type of lift or sling used at the time of the fall. R1's progress note titled "adverse event note" dated 12/12/23 identified a "PAL stand" to be used and the interventions in place included using a full body mechanical lift now.</p>	2 830		

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2 830	<p>Continued From page 4</p> <p>R1's progress note dated 12/13/23, indicated R1 was being transferred with a full body mechanical lift due to the fall from the lift on 12/12/23. Physical therapy (PT) assessed R1 for transfer status. R1 did well using large harness for sit-to-stand mechanical lift. "Therapy said we are able to use assist lift for transfers now."</p> <p>In review of R1's record, it was not evident the care plan was revised to reflect the use of the sit-to-stand lift according to therapy recommendations.</p> <p>During interview on 1/4/23 at 2:24 p.m., nursing assistant (NA)-B indicated was involved with R1's fall on 12/12/23 with licensed practical nurse (LPN)-A. NA-B reported during the transfer with the standing lift, R1 slid through the strap of the harness and was lowered to the floor. NA-B stated she based the harness size on if it would fit around the resident's waist. The of size of the harness was determined whoever was in charge of the transfer at the time. NA-B did not know what size harness was used when R1 fell out on 12/12/23, but she used the largest size that was available in the building. NA-B expressed concerns with R1's ability to stand in the mechanical stand lift because R1 was unable to maintain half of his weight or to stand upright. NA-B described R1 as weak and he would sink and slouch despite telling him to "keep standing". NA-B reported telling the nurse but was directed to keep using the standing lift anyway.</p> <p>Facility reported incident (FRI) dated 12/30/23, indicated while nursing assistants were assisting R1 from bed to wheelchair in a mechanical stand lift a bolt came out of the left leg (of the machine), therefore causing the machine to tip to the left side with R1 in the machine. R1 hit their head on</p>	2 830		

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2 830	<p>Continued From page 5</p> <p>bedside table striking some things and breaking them while going down to the floor, with the machine landing on him.</p> <p>The facility weekly safety inspections maintenance logs for the mechanical lifts were reviewed. There was not individual safety and/or maintenance tracking logs for each of the facility's four (4) sit-to-stand lifts. The log did not identify if each lift was inspected on dates indicated and/or the maintenance details of any parts that were replaced or work performed on each lift. There was one blanket form that indicated the safety inspection for all lifts was completed.</p> <p>During interview on 1/3/24 at 1:24 p.m., NA-A reported on 12/30/23, she and universal aide (UA) were transferring R1 with the sit to stand lift from his bed to wheelchair. NA-A ran the lift while UA was the second person. When pivoting the machine to the left and upon opening the legs of the lift, a bolt fell out of the machine causing the machine to become off balance and tip over. R1 fell onto a bedside table causing it to break. NA-A indicated the lift was removed from service.</p> <p>During interview on 1/3/24 at 11:10 a.m., universal aid (UA)-A indicated being the spotter for a sit to stand mechanical lift for R1 in which a bolt came out of the leg of the mechanical lift causing the lift to malfunction tipping over ultimately landing on R1. UA-A expressed concerns with R1's ability to use the lift in general due to sliding out of the harness just a couple weeks prior. During secondary interview on 1/4/24 at 3:04 p.m., UA-A reported R1 was unable to support his weight in the machine causing R1 to "sink" in the harness, slide down and reported R1 was unable to stay in an upright position even with constant cues. UA-A had</p>	2 830		

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2 830	<p>Continued From page 6</p> <p>expressed concerns to other nursing assistants and nurses prior to 12/12/23, however was told R1 was fine to be in a stand lift. UA-A declined knowing the harness size used for R1 at the time of the fall and was unable to confirm sling sizes by looking at them.</p> <p>During interview on 1/3/24 at 10:48 a.m., R1 indicated he had two falls from sit-to-stand mechanical lifts. The first time he was dropped was when being transferred from chair to bed in which he landed on his bottom. The second time a screw broke which caused him to fall to the ground hitting his head and causing pain in his right elbow, knee, neck, and right ankle. The lift fell on top of him hitting the right side of his head above his ear. R1 expressed concerns regarding facility staff training, education on how to use lifts as well as paying attention to safety concerns when using the lift. R1 was fearful from the experiences.</p> <p>During observation on 1/4/24 at 7:25 a.m., physical therapy assistant (PTA)-A entered R1's room with standing lift and placed two harness's on R1's wheelchair. NA-C was also in R1's room. PT-A placed the lift in front of R1 while NA-C grabbed one of the harness's from R1's wheelchair, applied the harness around R1's back, and connected it to the lift. The tag on the harness was worn making the size not discernable. PT-A gave verbal prompts to R1 to come to a standing position, "so when you feel that weight I want you to start to pull forward with your arms and tighten your butt" "Keep those legs up". R1 was observed to be in a squatting position and not in the upright position during the transfer. During the transfer R1 gave NA-C instructions on how to complete R1's transfer using the mechanical standing lift. After the</p>	2 830		

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2 830	<p>Continued From page 7</p> <p>transfer NA-C was asked what size harness was used on R1, NA-C responded "large". NA-C then looked at the tag on the harness, recanted her statement, and stated she did not know what size the harness was because it had been warn off.</p> <p>During interview on 1/4/24 at 7:55 am., after R1's transfer, PTA-A stated an unawareness R1 had a fall on 12/12/23, however was aware of a fall on 12/30/23. PTA-A explained the transfer was not ideal and R1 should have been in a more upright position; "he was in a pretty good squat" during the transfer. R1 required verbal cues to stand-up straight. PTA-A reported NA-C should have raised the mechanical lift higher and PTA-A should have provided cues to do so. Part of physical therapies goals were to train staff on how to cue R1 in the mechanical stand lift. PTA-A stated R1 required an extra large (XL) size harness, however was unable to articulate what size harnesses were available on the unit due to some tags missing/deteriorated.</p> <p>During interview on 1/4/24 at 12:35 a.m., clinical manager (CM)-A indicated the care plan has not identified the size of harness R1 required for standing lift transfers nor did it direct staff to provide R1 safety cues during the transfer. CM-A could not confirm if R1 was using an appropriate harness size, but assumed facility staff would use a harness that would fit around R1. CM-A indicated there were not assessments completed to ascertain and/or address R1's varying levels of fatigue and ability to consistently complete standing lift transfers.</p> <p>During interview on 1/4/24 at 2:03 p.m., registered physical therapist (PT)-A explained R1 required verbal cues and specific prompting for safe transfers using the sit-to-stand lift. PT-A was</p>	2 830		

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2 830	<p>Continued From page 8</p> <p>unaware if those specific prompts/techniques were outlined in R1's care plan. PT-A stated an unawareness if all staff had been trained in R1's individualized transfer techniques. PT-A reviewed R1's record, PT-A reported she found only one nursing assistant had received coaching from PT however, the notes did not identify the staff's name. PT-A indicated it would have been ideal to keep R1 on a fully body mechanical lift transfer until all staff were fully trained and R1's consistency for standing tolerance had been demonstrated.</p> <p>During interview on 1/3/24 at 2:41 p.m., Environmental service director (ES)-A indicated he was notified of the fall from the lift on 12/30/23 and the machine was immediately removed from use. ES-A stated he was given the lift and a bolt and a washer that had come off of the machine during the transfer. The machine was assessed for damaged and reassembled with liquid thread locking devise (lock tight) was applied. ES-A indicated he did not separate the maintenance tracking for each lift and was unable to articulate when maintenance was performed on each lift.</p> <p>R2's face sheet identified R1 had diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side.</p> <p>R2's annual MDS dated 11/30/23, identified R2 did not have cognitive impairment. R2 was dependent on staff for toileting and transfers. The MDS indicated R2 did not have any falls since admission.</p> <p>R2's care plan dated 11/18/22, identified R2 had impaired mobility due to diagnosis and weakness. R2's fall intervention included assist of two staff members for transfers with a standing lift. R2's</p>	2 830		

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2 830	<p>Continued From page 9</p> <p>care plan did not include the harness size to be used for the lift.</p> <p>In review of R2's record it was not evident an assessment was completed to determine standing lift harness size.</p> <p>R2's Adverse event note dated 8/16/23, indicated nursing assistants were assisting R2 with peri care while R2 was in mechanical standing lift. R2 let go of the lift's handles and started to slip out of the lift. Nursing assistants lowered R2 to the floor.</p> <p>R2's Physical therapy evaluation dated 8/22/23 indicated physical therapy (PT) goals were for R2 to safely transfer with stand PAL (sit to stand mechanical lift) with good posture and extension of trunk and lower extremities. Prior level of function was mechanical sit to stand lift and baseline was Hoyer lift (full body lift). PT Discharge Summary dated 9/13/23 indicated patient now transfers to toilet with stand lift as prior.</p> <p>During observation on 1/4/25 at 10:47 a.m., NA-D assisted R2 with activities of daily living (ADL's) including rolling side to side in bed with assist of one person. Once R1 was dressed NA-E entered the room for a full body lift transfer. NA-E and NA-D transferred R1 from bed to power wheelchair with use of full body lift and sling. Sling size was unknown, however fit appeared appropriate.</p> <p>During interview on 1/4/25 at 11:00 a.m., NA-E indicated R2 was unable to use the sit to stand lift any more due to therapy reporting it was no longer safe. Staff were to use the full body lift for all transfers.</p>	2 830		

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2 830	<p>Continued From page 10</p> <p>During interview on 1/4/24 at 11:13 a.m., registered nurse (RN)-A indicated R2 was to use a Hoyer from bed and was to use the sit to stand for going to the bathroom. RN-A reported therapy had assessed R2 and it was okay for staff to use the sit to stand lift. During interview on 1/4/23 at 9:00 a.m., RN-A indicated therapy completed sling and harness assessments and sizes were determined based on resident's weight. Facility staff weighed residents on admission and the information was entered into team sheets. Staff would know the sling and harness size based on the tag located on the sling or harness. RN-A reported if the tag was worn or missing RN-A was unsure how staff would know the size of the sling/harness.</p> <p>During interview on 1/3/24 at 11:10 a.m., universal aid (UA)-A indicated she had been involved in the transfer on 8/16/23. R2 had wiggled their butt during the transfer causing R2 to slide out of the harness of the lift and was lowered to the floor. UA-A did not know the harness size used for R2 at the time. UA-A indicated she would not be unable to identify a sling size if the tag was missing or tattered as was typically where the size would be. UA-A was not aware of a sizing or color chart to use in order to determine harness/sling sizes.</p> <p>During interview on 1/3/24 at 5:01 p.m., LPN-A indicated the size harnesses residents used were determined by management with NA's input to determine the right size. The loops that were connected to the machine was up to the discretion of staff who were completing the transfer. LPN-A looked at two harnesses hanging over a standing mechanical lift; LPN-A indicated she was unable to read the size of the sling because the tags were worn and there was not a</p>	2 830		

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2 830	<p>Continued From page 11</p> <p>color sizing chart to ascertain the harness size in the building.</p> <p>During interview on 1/4/24 at 12:35 a.m., clinical manager (CM)-A indicated assessments for sling size stopped approximately a year ago and had not been delegated yet. CM-A explained after a lift incident, the causal analysis did not include looking at which size and/or which sling/harness was used. R1 and R2 had not been assessed for sling size during their stay at the facility. CM-A indicated all staff are responsible for reporting quality of harnesses, however no specific person manages sling condition or age. CM-A was unaware of manufactures recommendations for when to replace a harness. CM-A indicated R2 fell due to "messaging around" and letting go of the lift. CM-A declined causal analysis of what size harness R2 was wearing at time of the fall. Intervention was to be assessed by therapy; R2 was changed to assist of two staff for standing and full body mechanical lift transfers with instructions to remind R2 to "keep serious." CM-A reported the facility had two harness sizes, small and large. Upon observation of harness sizes within the facility, CM-A located XL and a medium size. CM-A was unaware these sizes were available in the facility. CM-A indicated a color-coding system could be used for harnesses size and loop placement, however was not aware of a resource that was accessible to facility staff. CM-A indicated residents were at risk for falls from lifts if the sling/harness was not the right size.</p> <p>During interview on 1/4/24 at 9:10 a.m., director of nursing (DON) indicated R2 had a fall on 8/16/23, however was not the director of nursing at the time and was only able to provide information from an "adverse event note" in R2's</p>	2 830		

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2 830	<p>Continued From page 12</p> <p>medical record. DON indicated the causal analysis was not thorough; the analysis did not include which harness, size of harness, if the harness had been applied correctly, or if all manufacturer's safety guidelines for operating the lift were followed. DON indicated using old or "expired" slings or harnesses could cause a potential injury as over time they wear and residents could slide more. DON was unaware the age of slings/harnesses in the building or system in place to identify age, however recalled some of them to look "pretty ratty". An injury could potentially happen if staff were not following manufactures recommendations. Staff would be unable to identify sling or harness sizes if tags were worn out or missing. DON was not aware of who completed sling or harness assessments in the facility and there was not a system in place. DON identified R1's care plan indicated "full mechanical lift" and that the care plan was not updated or accurate. DON indicated was important all care plans were accurate and identified appropriate sizes and styles of lifts and slings/harnesses for the safety of residents. DON explained not having documentation of maintenance performed on each individual lift or tracking lifts involved in incidents could cause a safety hazard as there was no way to track the concerns</p> <p>During interview on 1/4/23 at 4:10 p.m., SMT Health systems lift representative (LR)-B indicated sling and harness sizes should be individualized and assessed prior to use. Slings/harnesses should be based on manufacturer's sizing chart which includes assessing height, weight and shoulder size. Both the size of the sling/harness and the loops are associated with a color-coding system using a color coded chart. LR-B indicated all staff using</p>	2 830		

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2 830	<p>Continued From page 13</p> <p>the lift should be fully trained and competent. LR-B indicated the quality of the sling/harness was important for integrity and any wear and tear or strings coming off the sling/harness should be replaced. The slings/harness were under warranty for two years which is also when it was recommended they were replaced. Not following manufactures recommendation could cause a safety hazard such as a fall.</p> <p>Manufactures recommendations from SMT health systems for Volaro style lift indicate slings that show wear, is torn, bleached out or has loose threads should NOT be used. Slings should be inspected before each use. Due to the variety of resident shapes and dementions, the appropriate size should be selected to accommodate specific patients. Care should be taken to ensure that the mechanical lift selected has the capacity to safely lift the resident. Maintenance schedule identifies checking the condition of all slings every day is important and if in doubt of its operational ability to safely lift a person, then discard the sling and order a new sling. SMT recommends replacing slings after two years. Volaro Lift/Transfer Assessment form identifies weight bearing, upper body strength, residents ability to follow simple commands and weight are important factors in determining appropriate style lifts. Maintance should be performed on the lift itself every three months to include lubrication of pivot points, greasing the actuator, checking the leg adjuster notch plate for signs of wear, checking the movement of the lift, checking leg and vinal covers, external fittings and tighten where needed and remove padding and check shoulder bolts and fittings. Periodic testing and general visual inspection of machines to be conducted any time to ensure no adverse damage has occurred and if any doubt withdraw the equipment from use</p>	2 830		

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2 830	<p>Continued From page 14</p> <p>and call SMT customer service.</p> <p>Undated policy titled "Mechanical lift and safe patient handling" identifies all staff are to follow the policy to ensure resident safety and all employees will be trained on the significance and requirements for all types of lifts. To maintain the lifts staff are to ensure adequate preventative maintenance, track and log all lift data in TELS and perform weekly checks to verify function and condition. Mechanical lift guidance identifies ALL lifts and slings must be dated when put into service, need to update materials to include facility specific information including lift types, slings, and specialty straps/slings. Mechanical lift operation requires staff to ensure proper sling selection, ensure proper sling size, know types of slings, and uses, and remove damaged slings immediately. Sit to stand guidance includes knowledge of the resident needed weight bearing, hand grasp, range of motion, cooperative and pain level. Expectation of staff for slings was to inspect and maintain. Safe patient handling includes guidance for clinical manager or facility designee to determine transfer type, lift type and sling choice for resident. Only licensed nurses can determine the mode in which residents should be transferred. Quality improvement efforts include including transfer type lift type, and sling size or type on assignment sheets, audit mechanical lift transfers and verify completion of education. Action items include to review preventative maintenance programs and inspect all equipment to ensure dated. Incidents and training include to complete investigation including re-enactment, review indications of mechanical trouble which required maintenance and removal from service, inspection of slings to identify signs of wear.</p>	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00853</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>01/04/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BIRCHWOOD HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>604 - 1ST STREET NE FOREST LAKE, MN 55025</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	<p>Continued From page 15</p> <p>SUGGESTED METHOD OF CORRECTION:</p> <p>The administrator or designee could review/revise policies and procedures on mechanical lift safety and falls. The administrator or designee could educate all staff on these policies and procedures. The administrator or designee could audit to ensure all residents are being safely transfered in accordance to the care plan and manufactures guidelines, and report these findings to their QAPI committee.</p> <p>TIME PERIOD FOR CORRECTION: Twenty one (21) days</p>	2 830		