DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 25, 2022

Administrator
Valley View Manor HCC
200 East Ninth Avenue
Lamberton, MN 56152

RE: CCN: 245378
Cycle Start Date: September 28, 2022

Dear Administrator:

On October 11, 2022, we notified you a remedy was imposed. On October 21, 2022 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 October 16, 2022.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective October 26, 2022 did not go into effect. (42 CFR 488.417 (b))

In our letter of October 11, 2022, 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 October 26, 2022 due to denial of payment for new admissions. Since your facility attained substantial compliance on October 16, 2022, 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 Therefore, the NATCEP prohibition is rescinded.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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

October 25, 2022

Administrator
Valley View Manor HCC
200 East Ninth Avenue
Lamberton, MN 56152

Re: Reinspection Results
Event ID: 2PUH12

Dear Administrator:

On October 21, 2022 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 September 28, 2022. 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 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

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Electronically delivered
October 11, 2022

Administrator
Valley View Manor HCC
200 East Ninth Avenue
Lamberton, MN 56152

RE: CCN: 245378
Cycle Start Date: September 28, 2022

Dear Administrator:

On September 28, 2022, 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 actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective October 26, 2022.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective October 26, 2022. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective October 26, 2022.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

This Department is also recommending that CMS impose:

• Civil money penalty (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

NURSE AIDE TRAINING PROHIBITION

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

If you have not achieved substantial compliance by October 26, 2022, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Valley View Manor Hcc will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from October 26, 2022. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being

corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

DEPARTMENT CONTACT

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

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by March 28, 2023 if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C)

and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

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

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

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

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

Electronically delivered
October 11, 2022

Administrator
Valley View Manor HCC
200 East Ninth Avenue
Lamberton, MN 56152

Re: State Nursing Home Licensing Orders
Event ID: 2PUH11

Dear Administrator:

The above facility was surveyed on September 27, 2022 through September 28, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

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

the Suggested Method of Correction and the Time Period For Correction.

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

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

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

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

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

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
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
	245378	A. BUILDING _____ B. WING _____	C 09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW MANOR HCC	200 EAST NINTH AVENUE LAMBERTON, MN 56152

(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 9/27/22 to 9/28/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirments for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H53784814C (MN00087022), with a deficiency cited at F689. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document	F 689	R1 was sent to the emergency room and	10/16/22

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

Electronically Signed — 10/14/2022

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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VALLEY VIEW MANOR HCC	200 EAST NINTH AVENUE LAMBERTON, MN 56152

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F 689	Continued From page 1 review the facility failed to comprehensively assess and care plan safe transfers for the appropriate brand of sit-to-stand mechanical lift and accessories to ensure safe transfers for 1 of 4 residents (R1) reviewed for mechanical lift transfers. This resulted in harm when R1 re-fractued his left humerous (upper arm) during a transfer using a standing mechanical lift. Findings include: During an interview on 9/27/22, at 8:35 a.m. the Administrator indicated the facility was divided into two sections which were identified as "Country Side" and "City Side" and were in the process of moving residents from the Country Side of the building to the City Side of the building due to low census and staffing reasons. Further the administrator indicated R1 was moved from a Country Side room to a City Side room on 9/21/22. During observation on 9/27/22, at 10:00 a.m. four (4) sit-to-stand mechanical lifts were observed throughout the facility; Valaro, Arjo Sara 3000, Arjo Sara 3000 accessorized with additional black handlebars on each side, and an EZ Stand Lift. The Country Side section housed the Arjo Sara 3000 and EZ Stand Lift. The City Side section housed the Arjo Sara 3000 with the black handlebar accessory and the Valaro sit to stand lifts. R1's face sheet indicated admission diagnosis of Parkinson's Disease, dementia, and a left femur (upper leg) and left humerus (upper arm) fracture sustained 5/10/22 with routine healing. R1's quarterly Minimum Data Set (MDS) dated	F 689	returned to the facility with new orders for a shoulder immobilizer. R 1 had an orthopedic visit on 10/13 and returned with orders to continue to utilize the shoulder immobilizer until 11/1/2022. The Sara 3000 lift machine was placed in lockout/tagged out and taken out of use at the facility on 9/28/2022. R 1 had a new lift mobility assessment completed and the care plan reviewed and updated. All facility lifts were assessed and were found to be in good condition. All other residents who use mechanical lifts were assessed and their care plans were reviewed and updated as needed. Future new admits, residents will continue to be assessed upon admission for need of a mechanical lift per facility policy. The nursing and therapy department was in-serviced on the Safe Mechanical Lift policy with emphasis on the steps in the procedure item #1 a (2) that the resident medical condition is appropriate for the lift and education provided on use of the manufacturer instruction when utilizing the mechanical lift machines. Lift competencies were performed for nursing staff and therapy. Lift competencies will be provided to new nursing employees during orientation. All lift machines have the manufacturer instruction laminated and attached to the lift. Nursing and therapy staff were education on all mechanical lifts that are currently in use at the facility. Director of Nursing and/or designee is responsible for compliance. Audits on resident lift mobility with the appropriate mechanical lift will be 3x week	

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F 689	Continued From page 2 8/22/22, indicated moderate cognitive impairment and required extensive assist of two staff with transfers and did not walk. R1's Therapy Transfer Recommendation Form dated 7/20/22, indicated R1 was dependent on one (1) staff assist with EZ-Stand Lift with additional notes indicating to provide verbal cues to reach/grasp handles on EZ-Stand. EZ stand on form was the only brand name selection on the assessment and did not include the other three different brand sit-to-stand lifts that the facility used for transfers. R1's Lift Mobility Status assessment dated 8/9/22, indicated R1 was to use the EZ stand/sit-to-stand but appropriate sling selection or use of handle bars were not identified. R1's care plan transfer status last revised on 5/12/2022 indicated therapy's recommendation was assist of two (2) staff and full mechanical lift for transfers. The care plan was not revised to reflect R1's 7/20/22 therapy recommendations or the 8/9/22 Lift Mobility Status assessment recommendations for a standing lift. R1's nursing progress note dated 9/21/22, at 7:45 p.m. indicated the nurse was called to R1's room indicating R1 was having pain to the upper left arm. The note further indicates while R1 was being raised up by the standing lift, a loud pop and crack was heard and R1 had pain and a mild deformity was noted to the left upper left arm. R1 was transported to the emergency room (ER) for further evaluation. A progress note dated 9/22/22 at 3:08 a.m. indicated R1 returned to the facility with a diagnosis of a fracture of the left humerus and was to wear a shoulder immobilizer, orders	F 689	for 2 weeks, weekly x 2 weeks then monthly to ensure sustained compliance. All audits will be reviewed by the Administrator and the Administrator will take audit results to QAPI for review and recommendation. Compliance: 10/16/2022	

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F 689	Continued From page 3 for pain medication, and future orthopedic appointments set up. R1's document titled, Nursing Home Visit dated 9/22/22, by NP-A indicated a follow-up visit was completed and noted the incident as when R1 was transferring back to bed after toileting using the EZ stand, the nursing staff heard an audible crack, pop sound when the resident had his arms holding onto the EZ stand. Further indicates prior history of left upper arm fracture on 5/5/22 after a fall. During an interview on 9/27/22, at 12:15 p.m. NA-A indicated she had worked with R1 prior to the room change but there was a different lift that they used to transfer R1 after he moved to City Side part of the building. During an interview on 9/27/22, at 1:25 p.m., NA-B indicated she transferred R1 on 9/21/22, at the time of the incident. Stated R1 usually transfers with the sit-to-stand and one person and did well but had just moved to a new room and used the Sara 3000 with the black handlebars on it and R1 grabbed onto the black handlebars instead of the lower handlebars he usually held on to. Further stated when she lifted him to a standing position off the toilet and she heard a "pop" and sat him back down on the toilet then he put his arms on the lower bars of the lift like he usually did and was able to stand and complete the transfer to bed. Once he was in bed, he complained of his left arm hurting so NA-B called the nurse and was sent to the hospital. NA-B further explained the lifts are different on City Side than they were on Country Side and that was the first time they used this type of lift with the black handlebars	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 689	Continued From page 4 During an interview on 9/27/22, at 2:00 p.m. certified occupational therapy assistant (COTA)-A indicated he had assessed R1 on the blue Arjo Sara 3000 lift without the black handlebars because that is the lift that would be used on the Country Side where R1's room was located at the time. Further stated, the Arjo Sara 3000 lift with the black handlebars would "probably not be a good fit" for R1 because the black handles would raise his arms up higher than R1 was used to. During a follow-up interview on 9/28/22, at 2:10 p.m., COTA-A indicated he did not assess residents or a particular brand of lift or the accessories that had been added but rather assesses to see how well the resident stands and strength to hold on. During an interview on 9/27/22, at 2:25 p.m., NA-E stated she didn't know if they are supposed to use the black handlebars but they were never told not to use them. During an interview on 9/28/22, at 12:30 p.m. the director of nursing (DON) indicated she has been employed by the facility for a couple months. Further stated the expectation is for a lift mobility assessment to be completed upon admission, quarterly, and with change of condition and communicate it with the team and physically try it out on the residents. Further indicated she did not know if the therapy assesses the residents for a specific brand or the handlebar accessories on the sit-to-stand lifts. Stated the care plan interventions transfer to the resident Kardex and the nursing staff are to look at the resident Kardex on the computer for everything they would need to know about how to care for the resident. The DON verified R1's care plan was not updated	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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VALLEY VIEW MANOR HCC	200 EAST NINTH AVENUE LAMBERTON, MN 56152

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F 689	Continued From page 5 based on the assessments. During a phone interview on 9/28/22 at 2:30 p.m., An Arjo representative indicated the Arjo Sara 3000 is no longer available but stated the black handlebar accessory is just another option for a person to hold on to as some people are taller and like the higher handlebars. During a follow-up interview on 9/28/22, at 1:00 p.m. R1's left upper arm fracture was likely a re-fracture due to incomplete healing of the fracture approximately four (4) months earlier and history of brittle bones. Indicated although R1 didn't not have any restrictions, the overreach and different arm position than what he was used to could have contributed to the fracture. Because of the previous fracture, that area would have been weaker and more prone to fractures. The facility training titled, Safe Use of Mechanical Lifts, indicates training includes learning about the different types of mechanical lifts, identifying when to use them, and how to do so safely and efficiently. You must abide by the manufacturer's specific instructions for the lift you are using. Never assume that because you used on piece of equipment for one mechanical lift that you can use it for another type of lift. Doing so may result in equipment failure or even injury, or worse, death. Check the plan of care. The facility policy titled, Care Plans, Comprehensive Person-Centered, dated 11/30/2021, indicated the care plan interventions are derived from a thorough analysis of the information gathered as a part of the comprehensive assessment.	F 689		

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	245378	A. BUILDING _____ B. WING _____	C 09/28/2022

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F 689	Continued From page 6 Manufacture recommendations for the Arjo Sara 3000 was not provided.	F 689		

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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 9/27/22 to 9/2/8/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.	2 000		

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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H53784814C (MN00087022), with a licensing order issued at 0830. The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of	2 000		

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2 000	Continued From page 2 state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to comprehensively assess and care plan safe transfers for the appropriate brand of sit-to-stand mechanical lift and accessories to ensure safe transfers for 1 of 4 residents (R1) reviewed for mechanical lift transfers. This resulted in harm when R1 re-fractued his left humerous (upper arm) during a transfer using a standing mechanical lift. Findings include:	2 830	Corrected	10/16/22

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2 830	Continued From page 3 During an interview on 9/27/22, at 8:35 a.m. the Administrator indicated the facility was divided into two sections which were identified as "Country Side" and "City Side" and were in the process of moving residents from the Country Side of the building to the City Side of the building due to low census and staffing reasons. Further the administrator indicated R1 was moved from a Country Side room to a City Side room on 9/21/22. During observation on 9/27/22, at 10:00 a.m. four (4) sit-to-stand mechanical lifts were observed throughout the facility; Valaro, Arjo Sara 3000, Arjo Sara 3000 accessorized with additional black handlebars on each side, and an EZ Stand Lift. The Country Side section housed the Arjo Sara 3000 and EZ Stand Lift. The City Side section housed the Arjo Sara 3000 with the black handlebar accessory and the Valaro sit to stand lifts. R1's face sheet indicated admission diagnosis of Parkinson's Disease, dementia, and a left femur (upper leg) and left humerus (upper arm) fracture sustained 5/10/22 with routine healing. R1's quarterly Minimum Data Set (MDS) dated 8/22/22, indicated moderate cognitive impairment and required extensive assist of two staff with transfers and did not walk. R1's Therapy Transfer Recommendation Form dated 7/20/22, indicated R1 was dependent on one (1) staff assist with EZ-Stand Lift with additional notes indicating to provide verbal cues to reach/grasp handles on EZ-Stand. EZ stand on form was the only brand name selection on the assessment and did not include the other	2 830		

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2 830	Continued From page 4 three different brand sit-to-stand lifts that the facility used for transfers. R1's Lift Mobility Status assessment dated 8/9/22, indicated R1 was to use the EZ stand/sit-to-stand but appropriate sling selection or use of handle bars were not identified. R1's care plan transfer status last revised on 5/12/2022 indicated therapy's recommendation was assist of two (2) staff and full mechanical lift for transfers. The care plan was not revised to reflect R1's 7/20/22 therapy recommendations or the 8/9/22 Lift Mobility Status assessment recommendations for a standing lift. R1's nursing progress note dated 9/21/22, at 7:45 p.m. indicated the nurse was called to R1's room indicating R1 was having pain to the upper left arm. The note further indicates while R1 was being raised up by the standing lift, a loud pop and crack was heard and R1 had pain and a mild deformity was noted to the left upper left arm. R1 was transported to the emergency room (ER) for further evaluation. A progress note dated 9/22/22 at 3:08 a.m. indicated R1 returned to the facility with a diagnosis of a fracture of the left humerus and was to wear a shoulder immobilizer, orders for pain medication, and future orthopedic appointments set up. R1's document titled, Nursing Home Visit dated 9/22/22, by NP-A indicated a follow-up visit was completed and noted the incident as when R1 was transferring back to bed after toileting using the EZ stand, the nursing staff heard an audible crack, pop sound when the resident had his arms holding onto the EZ stand. Further indicates prior history of left upper arm fracture on 5/5/22 after a fall.	2 830		

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2 830	Continued From page 5 During an interview on 9/27/22, at 12:15 p.m. NA-A indicated she had worked with R1 prior to the room change but there was a different lift that they used to transfer R1 after he moved to City Side part of the building. During an interview on 9/27/22, at 1:25 p.m., NA-B indicated she transferred R1 on 9/21/22, at the time of the incident. Stated R1 usually transfers with the sit-to-stand and one person and did well but had just moved to a new room and used the Sara 3000 with the black handlebars on it and R1 grabbed onto the black handlebars instead of the lower handlebars he usually held on to. Further stated when she lifted him to a standing position off the toilet and she heard a "pop" and sat him back down on the toilet then he put his arms on the lower bars of the lift like he usually did and was able to stand and complete the transfer to bed. Once he was in bed, he complained of his left arm hurting so NA-B called the nurse and was sent to the hospital. NA-B further explained the lifts are different on City Side than they were on Country Side and that was the first time they used this type of lift with the black handlebars During an interview on 9/27/22, at 2:00 p.m. certified occupational therapy assistant (COTA)-A indicated he had assessed R1 on the blue Arjo Sara 3000 lift without the black handlebars because that is the lift that would be used on the Country Side where R1's room was located at the time. Further stated, the Arjo Sara 3000 lift with the black handlebars would "probably not be a good fit" for R1 because the black handles would raise his arms up higher than R1 was used to. During a follow-up interview on 9/28/22, at 2:10 p.m., COTA-A indicated he did not assess	2 830		

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2 830	Continued From page 6 residents or a particular brand of lift or the accessories that had been added but rather assesses to see how well the resident stands and strength to hold on. During an interview on 9/27/22, at 2:25 p.m., NA-E stated she didn't know if they are supposed to use the black handlebars but they were never told not to use them. During an interview on 9/28/22, at 12:30 p.m. the director of nursing (DON) indicated she has been employed by the facility for a couple months. Further stated the expectation is for a lift mobility assessment to be completed upon admission, quarterly, and with change of condition and communicate it with the team and physically try it out on the residents. Further indicated she did not know if the therapy assesses the residents for a specific brand or the handlebar accessories on the sit-to-stand lifts. Stated the care plan interventions transfer to the resident Kardex and the nursing staff are to look at the resident Kardex on the computer for everything they would need to know about how to care for the resident. The DON verified R1's care plan was not updated based on the assessments. During a phone interview on 9/28/22 at 2:30 p.m., An Arjo representative indicated the Arjo Sara 3000 is no longer available but stated the black handlebar accessory is just another option for a person to hold on to as some people are taller and like the higher handlebars. During a follow-up interview on 9/28/22, at 1:00 p.m. the NP indicated R1's left upper arm fracture was likely a re-fracture due to incomplete healing of the fracture approximately four (4) months earlier. Indicated although R1 didn't not have any	2 830		

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2 830	Continued From page 7 restrictions, the overreach and different arm position than what he was used to could have contributed to the fracture. Because of the previous fracture, that area would have been weaker and more prone to fractures. The facility training titled, Safe Use of Mechanical Lifts, indicates training includes learning about the different types of mechanical lifts, identifying when to use them, and how to do so safely and efficiently. You must abide by the manufacturer's specific instructions for the lift you are using. Never assume that because you used on piece of equipment for one mechanical lift that you can use it for another type of lift. Doing so may result in equipment failure or even injury, or worse, death. Check the plan of care. The facility policy titled, Care Plans, Comprehensive Person-Centered, dated 11/30/2021, indicated the care plan interventions are derived from a thorough analysis of the information gathered as a part of the comprehensive assessment. Manufacture recommendations for the Arjo Sara 3000 was not provided. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee, could review/revise policies and procedures related to mechanical lifts assure proper assessment and interventioins are being implemented. They could re-educate staff on the policies and procedures. A system for evaluating and monitoring consistent implementation of these policies could be developed, with the results of these audits being brought to the facility's Quality Assurance Committee for review.	2 830		

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2 830	Continued From page 8 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 830		