DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 20, 2020

Administrator
Central Health Care
444 North Cordova
Le Center, MN 56057

RE: CCN: 245401
Cycle Start Date: July 2, 2020

Dear Administrator:

On July 24, 2020, we notified you a remedy was imposed. On August 12, 2020 the Minnesota Department(s) 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 July 13, 2020.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective August 8, 2020 did not go into effect. (42 CFR 488.417 (b))

However, as we notified you in our letter of July 24, 2020, 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 is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from July 2, 2020. 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,

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 20, 2020

Administrator
Central Health Care
444 North Cordova
Le Center, MN 56057

Re: Reinspection Results
Event ID: CZFY12

Dear Administrator:

On August 12, 2020 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 July 2, 2020. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Electronically Submitted
July 24, 2020

Administrator
Central Health Care
444 North Cordova
Le Center, MN 56057

RE: CCN: 245401
Cycle Start Date: July 2, 2020

Dear Administrator:

On July 2, 2020, survey was completed at your facility by the Minnesota Department of Health and Public Safety 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.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **both substandard quality of care and immediate jeopardy** to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J) whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On July 2, 2020, the situation of immediate jeopardy to potential health and safety cited at F689 was removed. However, continued non-compliance remains at the lower scope and severity of G.

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 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 August 8, 2020.

This Department is also recommending that CMS impose a 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.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective August 8, 2020 (42 CFR 488.417 (b)), (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective August 8, 2020, (42 CFR 488.417 (b)).

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.

SUBSTANDARD QUALITY OF CARE

Your facility's deficiencies with with one or more of the following: §483.10, Residents Rights, §483.12, Freedom from Abuse, Neglect, and Exploitation, §483.15, Quality of Life and §483.25, Quality of Care, 483.40 Behavioral Health Services, §483.45 Pharmacy Services, §483.70 Administration, or §483.80 Infection control has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) require that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at Sections 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Central Health Care is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective July 2, 2020. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

ELECTRONIC PLAN OF CORRECTION (ePOC)

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

correction (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" tag), i.e., the plan of correction should be directed to:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, MN 56001
Email: elizabeth.silkey@state.mn.us
Phone: 651-201-3784

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 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 January 2, 2021 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

APPEAL RIGHTS DENIAL OF PAYMENT

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.

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at 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

A request for a hearing should identify the specific issues and the 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. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

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 plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245401	A. BUILDING _____ B. WING _____	C 07/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL HEALTH CARE	**444 NORTH CORDOVA LE CENTER, MN 56057**

(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 7/1/20-7/2/20, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be substantiated: #H5401033C. Deficiency issued F689. The survey resulted in an Immediate Jeopardy (IJ) at F689 when R1 had fallen out of a mechanical lift. The IJ began on 6/28/20, at 12:00 p.m. and the immediacy was removed on 7/2/20, at 2:18 p.m. In addition, an extended survey was completed on 7/2/20. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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 on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that -	F 689		7/13/20

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

Electronically Signed | 07/28/2020

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F 689	Continued From page 1 §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 follow manufacturer's guidelines to ensure safety measures were implemented for the use of a mechanical lift for 1 of 1 resident (R1). This deficient practice resulted in an immediate jeopardy (IJ) for R1, who fell from the mechanical lift and sustained a non-displaced (in alignment) distal femur (near the knee) fracture. This practice had the potential to affect six other residents (R4, R5, R6, R7, R8, R9) who utilized mechanical lifts. The IJ began on 6/28/20, at 12:00 p.m. when licensed practical nurse (LPN)-A and nursing assistant (NA)-A were transferring R1 with a mechanical lift and failed to follow manufacturer safety guidelines, causing R1 to fall out of the sling to the floor. The administrator and director of nursing (DON) were notified of the IJ on 7/1/20, at 5:30 p.m. The IJ was removed on 7/2/20, at 2:18 p.m. however, non-compliance remained at the lower scope and severity level G, isolated, scope and severity, which indicate actual harm that is not immediate jeopardy. Findings include: R1 was admitted on 12/31/18. R1's face sheet in the medical record indicated diagnoses that included chronic kidney disease, hypertension (high blood pressure), muscle weakness,	F 689	This plan of correction constitutes our written allegation of compliance for the deficiencies cited. Submission of this plan of correction is not an admission that the deficiency existed or that it is cited accurately. This plan of correction is submitted to meet state and federal guidelines. The facility will identify other residents having the potential to be affected by 7/2/2020. 1. Transfer needs on all residents has been evaluated to determine correct mode of transfer. 2. All Care Plans have been reviewed and updated to reflect resident mode of transfer. 3. All new Admissions are pre-screened prior to admission for mobility and transfer status and evaluated/screened by therapy upon admission. Nursing staff received the following education; " Temporary action plan for 48hrs until Invacare slings arrive/Universal Sling	

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F 689	Continued From page 2 osteoarthritis, right knee pain and non-displaced right femur fracture. Review of the quarterly Minimum Data Set (MDS) dated 6/17/20, indicated R1 had severe cognitive impairment, moderate difficulty hearing, speech was clear, usually understood and usually understands; impaired vision requiring corrective lenses. R1 was not able to walk and required extensive assistance of two staff for bed mobility, and total dependence on two staff for transfers and toileting. The MDS further indicated R1 had impairment of range of motion (ROM) in the lower extremities. Review of the current care plan dated 6/23/20, indicated R1 had impaired mobility related to weakness, range of motion, advanced age, and needing staff assistance with mobility. The care plan further indicated R1 would safely transfer with two staff with total assistance and mechanical lift. R1 utilizes a medium size mechanical lift sling. Review of a vulnerable adult (VA) and incident report dated 6/28/20, at 12:53 p.m. indicated on 6/28/20, at 12:00 p.m. LPN-A and nursing assistant (NA)-A were transferring R1 from bed to chair using a mechanical lift. While enroute with the transfer to the chair, the lower sling strap became dislodged from the hook on the mechanical lift resulting in R1 falling out of the sling to the floor. R1 complained of right knee pain and obtained a bump on the head. Immediately following the incident, registered nurse (RN)-A and RN-B assessed R1's injuries and R1 was transferred to local hospital for further assessment of the knee and head injury.	F 689	Checklist- " Mechanical Lift Policy " Universal Sling Placement & Lift Transfer Observation " Temporary Sling placement and sizing " Staff viewed Video Invacare Lifts & Slings Demo on YouTube (link: https:/youtu.be/sr2zt_hkGGA) between _ " 7/7/20-7/13/2020. " Invacare Lift & Sling placement competency performed with return demonstration between 7/7/20-7/13/2020. All staff are now trained and competent. " Invacare Lift & Sling placement competency will now be utilized in orientation packet as part of staff competency/resident safe handling upon hire which will include the Policy for Invacare Sling use. The facility implemented the following measures &/or systemic changes: " Invacare Lift & Sling placement competency will now be utilized in orientation packet as part of staff competency/resident safe handling upon hire. " Facility has implemented using one brand of lift (Invacare) facility is purchasing lift slings specific to lift manufacturer specifications. " Facility has purchased an additional Invacare lift in order to assure all lift needs are met. " The facility has ordered a new lift cradle from Invacare with safety clips and will replace upon arrival at facility.	

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F 689	Continued From page 3 Review of a progress note dated 6/28/20, at 1:32 p.m. indicated LPN-A and NA-A were lifting R1 from her bed to a stationary chair with a mechanical lift. LPN-A was operating the lift while NA-A was maneuvering R1, when the right lower leg strap of the sling slipped off the prong on the mechanical lift and R1 fell to the floor hitting her buttocks and her head against the leg of the mechanical lift. LPN-A summoned RN-A immediately for help. ROM was assessed with full ROM in bilateral upper extremities as well as the left lower extremity. Limited ROM noted in right lower extremity. R1 complained of right knee pain when bending the leg. R1 started to develop a large bump on the back, right side of the head. R1's vital signs were stable. The ambulance was called and transported R1 to the local emergency room (ER) at 12:30 p.m. for further evaluation. Review of a hospital emergency department (ED) physician progress note dated 6/28/20, indicated R1 was evaluated after a fall from a mechanical lift and had a large posterior (back side) scalp contusion which appeared to be her only traumatic injury. A computerized tomography (CT) scan was performed which showed no evidence of intracranial (inside skull) abnormality. R1 had no complaints other than mild soreness over the area of the contusion and returned to the nursing home on on 6/28/20, at 2:45 p.m. Review of a progress note dated 6/28/20, at 5:41 p.m. indicated R1 was having increased pain in her right knee which was only partially relieved by acetaminophen. R1's right knee was swollen and had difficulty moving it. RN-C contacted the provider who saw R1 in the ER earlier on 6/28/20. The provider indicated he was not suspicious of a fracture to R1's right leg because she was able to	F 689	The facility has developed a policy for Invacare sling use and will assess residents requiring floor lift transfers for appropriate sling size by utilizing the Resident Sling Assessment tool: *measuring the residents shoulder and hip width and factoring in weight. *the size of the sling will be marked on the sling. *the date when the sling was put into service; *the residents name will be marked on the sling. *Sling size guidelines are posted in each linen closet *Resident name and sling size is posted in the resident's closet. *Reviewed Invacare Sling Policy with nursing staff on 7/2/2020. *Invacare Sling Policy will be included in new hire packets. The facility plans to monitor its performance to make sure that the solutions are sustained. This plan has been evaluated and reported to the quality assurance committee utilizing the Ad HOC QAPI on 7/7/2020 and quarterly thereafter. " The Charge nurse is conducting 2 lift observation audits per shift 7 days/wk, ongoing until resurvey, with quarterly audits ongoing until assurance that compliance is met. " DON or designee will conduct sling audits daily 7 days/wk, to ensure the	

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F 689	Continued From page 4 bend and move it; and R1 told him her knee did not hurt any more now than before the fall. Review of a progress note dated 6/28/20, at 8:47 p.m. indicated R1 continued to have right knee pain and increased leg swelling, and refused to get out of bed for supper. A message was left for nurse practitioner (NP)-C of the continued knee pain. On 6/29/20, at 8:48 a.m. an order was received from NP-C for a portable X-ray of R1's right knee to be done that day and to increase her acetaminophen dose from 650 milligrams (mg) to 1000 mg three times a day and as needed. Review of a radiology report dated 6/29/20, indicated R1 had an acute (new) distal femoral shaft (near the knee) fracture. Progress note dated 6/29/20, at 4:14 p.m. indicated NP-C advised facility to send R1 to the ER for splinting of leg. R1 left facility by ambulance at 4:17 p.m., returning on 6/30/20, at 2:01 a.m. with right leg splinted. Review of a ED physician progress note dated 6/29/20, at 5:04 p.m. confirmed R1's distal femur fracture and no other injuries; a right leg splint was applied and R1 was returned to the facility. Review of an investigative report dated 6/29/20, the facility director of nursing (DON) indicated after interviewing staff and investigating the above incident, as well as inspecting the sling and the mechanical lift, she concluded the incident was the result of human error; staff being too quick and not doing all of the checks to ensure the loops on the sling were fully seated on the hooks. All staff were provided education on checking to ensure the loops on the sling were fully placed on the hooks as well as having three	F 689	resident has the correct sling assignment x 1 week, then weekly until resurvey, with periodic audits ongoing until assurance that compliance is met. " All audits will be reviewed by the D.O.N. If concerns are found retraining with potential disciplinary action will be taken.	

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F 689	Continued From page 5	F 689		

staff assist with all mechanical lift transfers and conduct audits for compliance. The manufacturer's instructions for the mechanical lift (Invacare) and the sling (Proactive) had not been reviewed during the DON's investigation, that included safety measures for the use of the mechanical lift.

During observation and interview on 7/1/20, at 4:55 p.m., R1 was resting in the recliner in her room. When interviewed R1 about the above incident she stated, "They threw me on the floor." R1 stated she hurt her leg, her head and her shoulder.

During observation and interview on 7/2/20, at 10:40 a.m. R1 was resting on her back in bed with her right leg wrapped in elastic wrap from groin to toes, propped on a pillow. R1 stated she had pain in her feet at this time

During telephone interview on 7/1/20, at 10:48 a.m. LPN-A, who assisted with the lift on 6/28/20, stated they were going to get R1 up in a chair for dinner. They put the sling under her and attached the loops. "Out of habit, I always pull down on the loops to make sure they are attached." LPN-A stated she was operating the lift so was standing at the head of the lift where the controls were. LPN-A stated NA-A was maneuvering R1 in the lift. LPN-A added, "As soon as we lifted her up off the bed and pulled the lift away, the right leg loop popped and she fell to the ground and hit her head on the leg of the lift."

During a telephone interview on 7/1/20, at 10:55 a.m. NA-A stated both her and LPN-A checked the straps on the Hoyer with the "curly cues." and "We made sure the straps were firmly in the curly

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cues." NA-A stated she did a visual check and waited until R1 was up off the bed a couple of inches. NA-A stated, "We both did visual checks." NA-A then guided R1's legs over the bed to put her in the chair for lunch. "It happened so fast, all I remember is her hitting her head on the floor."

During a telephone interview on 7/1/20, at 11:00 a.m. RN-A stated she was summoned to help after R1 fell. Stated by the time she arrived to R1's room, the sling was removed from the lift and she focused her attention on R1 who was laying on the floor.

During an interview on 7/1/20, at 11:05 a.m. RN-B stated she was at the facility for training and heard a commotion in R1's room, so went to check on it. She recalled either or both LPN-A or NA-A saying, "we checked them [the sling loops] and they were tight." By then the sling had been removed from the lift and the lift pushed out of the way. RN-B stated she left to start paperwork for R1's transfer to the hospital.

During interview on 7/1/20, at 10:20 a.m. the DON conducted a re-enactment of the incident with the Invacare lift, model RPA600-1 and Proactive mesh sling, both which were used during R1's fall on 6/28/20 at noon. During re-enactment, it appeared as if the loops on the mesh sling were seated properly in the swivel bar hooks, and with tension from the resident's weight on the loops of the sling, it is unlikely the loop could simply slip off during transfer. Facility used reusable mesh slings from a different vendor other than the lift vendor. Lift brand is Invacare and sling brand is Proactive. The DON stated the Proactive sling was "universal" and could be used with any brand mechanical lift.

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The DON provided Owner's Operator and Maintenance Manual for the Invacare lift, revision date 9/08. According to section I - general guidelines: Invacare transfer slings are specifically designed to be used in conjunction with Invacare patient lifts. Slings designed by other manufacturers are not to be utilized as a component of Invacare's patient lift system. Use of these products is prohibited and will void the lifts warranty. Use the sling that is recommended by the individual's doctor, nurse or medical assistant for the comfort and safety of the individual that is being lifted. Be sure to check the sling attachments each time the sling is removed and replaced, to ensure that it is properly attached before the patient is removed from a stationary object (bed, chair, or commode). Warning: Invacare slings are made specifically for use with Invacare Patient Lifts. For the safety of the patient do not use slings and patient lifts of different manufacturers.

During a telephone interview on 7/1/20, at 2:10 p.m. Invacare customer service (CS)-D stated, "Invacare only tested Invacare lifts and slings; no other manufacturers" and "that's why it's written that way" in the manufacturer instructions.

The DON provided Proactive Sling and Hoist Compatibility document, undated, which indicated: throughout the years, slings have changed in style, size, material, and design because of the growing competition in the current market. Many manufacturers are very reluctant to accept the interchangeability of slings due to liability factors or for simple marketing self-interest. However, with a thorough risk assessment done by a competent assessor,

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using an interchangeable sling in place of a manufacturer's recommended sling can provide the solution to a patients specific requirements at a lower cost. Some of the lifter brands that our slings are designed to be used interchangeably with are: Invacare, Drive, Bestcare, Medline, Graham Field, Joerns, etc.

The DON provided Proactive full body sling instruction manual, undated, which indicated: check the patient's weight and the slings maximum weight capacity. Ensure the patient's weight does not exceed the sling's maximum weight capacity.

During a telephone interview on 7/1/20, at 3:30 p.m., when asked Proactive manufacturer customer service representative how one could tell by looking at a Proactive sling, what size it was, she stated, "when you got them, they came in a box and the size was on the box." Asked if the size is noted on the sling and she stated no. She further stated in order to determine the size of the sling, you would need to measure it.

There were three mechanical lifts observed on 7/1/20, and 7/2/20, being utilized by staff. These mechanical lift manufacturers were Invacare and Medline. All slings being utilized with these mechanical lifts were the brand Proactive. There were no slings being utilized by the mechanical lift manufacturers of Invacare or Medline.

Review of the current care plans for R1, R4, R5, R6, R7, R8 and R9 (residents who utilized the mechanical lifts and slings) indicated R1 utilized a medium sling. The care plan for R4, R5, R6, R7, R8 and R9 did not reflect a sling size. In addition, the medical records for these residents did not

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include a sling assessment, to determine the individual safe sling size to be utilized with the mechanical lifts.

During an observation on 7/1/20, at 10:00 a.m. R4 was being transferred by two staff using an Invacare mechanical lift. The sling being utilized was by manufacturer Proactive. R4 was transferred from bed to wheelchair while a third staff person observed utilizing a new safety checklist that guided the process. The tag on the Proactive sling was not readable due to wear; unknown if it included the size of the sling.

During an observation on 7/1/20, at 11:40 a.m., R5 was being transferred by two staff using an Invacare mechanical lift. The sling being utilized was by manufacturer Proactive. R5 was transferred from bed to wheelchair while a third staff person observed utilizing a new safety checklist that guided the process. The tag on the Proactive sling was not readable due to wear; unknown if it included the size of the sling.

During an observation on 7/1/20, from 2:20 p.m. to 2:45 p.m., R1, R4, R5, R6, R7, R8 and R9 was observed to have Proactive slings placed under them for transfer. The tag on the Proactive slings were not readable due to wear; unknown if they included the size of the sling, with with the exception of one Proactive sling which indicated it could hold up to 600 pounds.

During an interview on 7/1/20, at 2:10 p.m. NA-B indicated there were no guidelines or policies stating what sling size to use for residents. NA-B stated when she determined what size sling to use on a resident she would just visualize the size of the resident to a sling; indicating she did not go

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by the weight of the resident. NA-B further indicated that at times if she was unsure what size, she would place the sling next to the resident to see if it was long enough for that resident. NA-B confirmed the labels on the slings were not readable. NA-B confirmed the NA care plan for residents did not have a designated size of sling to use for each resident, who utilized a mechanical lift. NA-B verified there was no guidance or direction on what size sling to use for residents that utilize mechanical lifts. NA-B also indicted all of the slings used for the mechanical lifts were the Proactive brand and the mechanical lifts utilized were Invacare and Medline brands.

During an interview on 7/1/20, at 2:15 p.m. NA-C indicated there were no guidelines or policies indicating what sling size to use for residents. NA-C indicated she did not go by the weight of the resident, rather she would visualize the size of the resident to the sling. NA-C confirmed the label on the slings were not readable. NA-C confirmed the nurse aide sheets did not have a designated size of sling to use for each resident who utilized a mechanical lift. NA-C verified that there was no guidance or direction on sling size to use for residents who utilized mechanical lifts. NA-C also indicted all slings used for the mechanical lifts were Proactive brand and the mechanical lifts utilized were Invacare and Medline brands.

During an interview on 7/1/20, at 2:30 p.m. LPN-B indicated there were no guidelines or policies indicating what sling size to use for residents. LPN-B stated she determined what size sling to use on a resident. LPN-B confirmed the labels on the slings were not readable. LPN-B confirmed the nurse aide care plan for residents did not have a designated size of sling to use for each

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resident who utilized a mechanical lift. LPN-B verified there was no guidance or direction on what size sling to use for residents who utilized mechanical lifts. LPN-B also indicted all of the slings used for the mechanical lifts were Proactive brand and the mechanical lifts utilized were Invacare and Medline brands.

During an interview on 7/1/20, at 2:40 p.m. NA-D indicated there were no guidelines or policies indicating sling size to use for residents. NA-D stated when she determined size sling for a resident, she would just visualize the size of the resident to a sling. NA-D indicated she did not go by the weight of the resident to determine the sling size to use. NA-D confirmed the tags on the slings did not have a readable label on them indicating size. NA-D confirmed the nurse aide care plan for residents did not have a designated size of sling to use for each resident who utilized a mechanical lift. NA-D verified there was no guidance or direction on what size sling to use for residents who utilized mechanical lifts. The NA also indicted all of the slings used for the mechanical lifts were Proactive brand and the mechanical lifts utilized were Invacare and Medline brands.

During an interview on 7/1/20, at 2:50 p.m. NA-E indicated there were no guidelines or policies indicating sling size to use for residents. NA-E stated when she determined what size sling to use on a resident she would just visualize the size of the resident to a sling. NA-E indicated she did not go by the weight of the resident. NA-E confirmed the tags on the slings did not have a readable label on them indicating a size. NA-E confirmed the nurse aide care plan for residents did not have a designated size sling to use for

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each resident who utilized a mechanical lift. NA-E verified there was no guidance or direction on what size sling to use for residents who utilized mechanical lifts. NA-E also indicted all of the slings used for the mechanical lifts were Proactive brand and the mechanical lifts utilized were Invacare and Medline brands.

During an interview on 7/1/20, at 3:00 p.m. the DON and the administrator indicated the slings that were being used with the mechanical lifts for R1, R4, R5, R6, R7, R8 and R9 were assessed by their weight for sizing, and were included in the plan of care as well as the NA care sheets. The DON indicated there was a policy that confirmed this. (Although the DON and administrator indicated residents who utilized a sling with a mechanical lift were assessed for size, this information was not included in the medical record or plan of care). The DON and administrator confirmed the staff were utilizing a different brand of slings (universal) that included manufacturers of Proactive and 2 different mechanical lift manufactures of Invacare and Medline. The DON and administrator indicated they thought that is was ok to interchange and use universal slings with different mechanical lift manufacturers, even though the manufacturers instructions for each of these mechanical lifts warned against this. The DON did verify that the Proactive slings currently being utilized had labels that were not readable due to being warn off. The DON stated that the policy was to utilize slings according to the resident's weight for sizing of the sling, but also confirmed this was not identified in the medical records or plan of care.

According to DON, the mechanical lifts are inspected monthly by maintenance staff. The

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document titled, Hoyer Lift Inspection was reviewed for the months of May and June 2020, which indicated the Invacare lift model RPA600-1 met inspection criteria of:
1. All nuts, bolts, clips and pins
2. Oil leaks, cylinder, valve, pump, lever
3. Handles, wheels breaks
4. Hooks and chains
5. Frame & welds, paint condition, sharp edges

Facility policy titled, Procedure for Using Mechanical Lift Slings, undated, indicated:
1. Mechanical lifts allow a person to be transferred with a minimum of physical effort. To properly transfer a person with a mechanical lift the sling applied must be of a size that fits the person. Please be aware of the size needed to transfer a person safety.
2. Size of sling
   a. Small fits residents 58-140 pounds
   b. Medium fits residents 140 to 200 pounds
   c. Large fits residents 200 - 400 pounds
   d. X-Large fits residents 400 - 600 pounds
3. If in doubt which sling to use please consult with the nurse in charge/or resident care plan.

Facility policy titled, Safe Lifting and Movement of Residents, revised dated 8/09, indicated:
1. Nursing staff in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Such assessments shall include:
   a. Resident's preferences for assistance;
   b. Resident's mobility (degree of dependency);
   c. Resident's size;
   d. Weight-bearing ability;

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F 689	Continued From page 14 e. Cognitive status; f. Whether the resident is usually cooperative with staff; and g. The resident's goals for rehabilitation, including restoring or maintaining functional abilities. 2. Staff responsible for direct resident care will be trained in the use of manual and mechanical lifting devices. 3. Staff will be observed for competency in using mechanical lifts and observed periodically for adherence to policies and procedures regarding use of equipment and safe lifting techniques. 4. Enough slings in the sizes required by residents in need, will be available at all times. 5. All equipment design and use will meet or exceed guidelines and regulations concerning resident safety. Facility policy titled, Resident Handling Policy "Limited Lift" dated 1/13/20, indicated: 1. The resident handling policy exists to ensure a safe working environment for resident handlers. The policy is to be reviewed and signed by all staff that perform or may perform resident handling. 2. Initial screening will be completed on all residents to assess transfer and ambulation status. 3. Resident transfer status will be reviewed via care plan time frame and on an as needed basis. 4. Resident transfer status will be written on the daily worksheets to inform the staff of appropriate transfer needs. 5. Should a resident fall on the floor, the resident will be first assessed by a nurse. If the resident is deemed medically appropriate to transfer off the floor, a mechanical lift (Hoyer	F 689		

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F 689	Continued From page 15 type) lift will be used. If the resident is not medically appropriate to transfer off the floor, EMS will be notified and will transfer the resident off the floor. 6. This policy is to be followed at all times. Failure to adhere to the policy will result in disciplinary action set forth by this policy. 7. Signature spaces for administrator, DON and employee. The immediate jeopardy that began on 6/28/20, was removed on 7/2/20, when the facility conducted assessments on all residents that utilized mechanical lifts, to determine the appropriate size of sling according to their weight. The facility included the sling size in the resident care plan, and re-educated staff on the safe and proper use of the mechanical lift and slings. The facility ordered new slings recommended by the manufacturers of the mechanical lifts being utilized (Invacare and Medline). The facility implemented 3 assist of staff with all mechanical lift transfers, until the new slings arrive. Audits were implemented for compliance. However, the noncompliance remained at the lower scope and severity level G, isolated, scope and severity, which indicate actual harm that is not IJ.	F 689		

Electronically delivered
July 22, 2020

Administrator
Central Health Care
444 North Cordova
Le Center, MN 56057

Re: State Nursing Home Licensing Orders
Event ID: CZFY11

Dear Administrator:

The above facility was surveyed on July 1, 2020 through July 2, 2020 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:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, MN 56001
Email: elizabeth.silkey@state.mn.us
Phone: 651-201-3784

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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

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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 7/1/20- 7/2/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found not in compliance with the MN State Licensure. The following complaint found to be substantiated:	2 000		

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2 000	Continued From page 1 #H5401033C The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		
21665	MN Rule 4658.1400 Physical Environment A nursing home must provide a safe, clean, functional, comfortable, and homelike physical environment, allowing the resident to use personal belongings to the extent possible. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to follow manufacturer's guidelines to ensure safety measures were implemented for the use of a mechanical lift for 1 of 1 resident (R1). This deficient practice resulted in an immediate jeopardy (IJ) for R1, who fell from the mechanical lift and sustained a non-displaced (in alignment) distal femur (near the knee) fracture. This practice had the potential to affect six other residents (R4, R5, R6, R7, R8, R9) who utilized mechanical lifts. The IJ began on 6/28/20, at 12:00 p.m. when licensed practical nurse (LPN)-A and nursing assistant (NA)-A were transferring R1 with a mechanical lift and failed to follow manufacturer safety guidelines, causing R1 to fall out of the sling to the floor. The administrator and director of nursing (DON) were notified of the IJ on 7/1/20, at 5:30 p.m. The IJ was removed on 7/2/20, at	21665	This plan of correction constitutes our written allegation of compliance for the deficiencies cited. Submission of this plan of correction is not an admission that the deficiency existed or that it is cited accurately. This plan of correction is submitted to meet state and federal guidelines. The facility will identify other residents having the potential to be affected by 7/2/2020. 1. Transfer needs on all residents has been evaluated to determine correct mode of transfer. 2. All Care Plans have been reviewed and updated to reflect resident mode of transfer.	7/13/20

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21665	Continued From page 2 2:18 p.m. however, non-compliance remained at the lower scope and severity level G, isolated, scope and severity, which indicate actual harm that is not immediate jeopardy. Findings include: R1 was admitted on 12/31/18. R1's face sheet in the medical record indicated diagnoses that included chronic kidney disease, hypertension (high blood pressure), muscle weakness, osteoarthritis, right knee pain and non-displaced right femur fracture. Review of the quarterly Minimum Data Set (MDS) dated 6/17/20, indicated R1 had severe cognitive impairment, moderate difficulty hearing, speech was clear, usually understood and usually understands; impaired vision requiring corrective lenses. R1 was not able to walk and required extensive assistance of two staff for bed mobility, and total dependence on two staff for transfers and toileting. The MDS further indicated R1 had impairment of range of motion (ROM) in the lower extremities. Review of the current care plan dated 6/23/20, indicated R1 had impaired mobility related to weakness, range of motion, advanced age, and needing staff assistance with mobility. The care plan further indicated R1 would safely transfer with two staff with total assistance and mechanical lift. R1 utilizes a medium size mechanical lift sling. Review of a vulnerable adult (VA) and incident report dated 6/28/20, at 12:53 p.m. indicated on 6/28/20, at 12:00 p.m. LPN-A and nursing assistant (NA)-A were transferring R1 from bed to chair using a mechanical lift. While enroute with	21665	3. All new Admissions are pre-screened prior to admission for mobility and transfer status and evaluated/screened by therapy upon admission. Nursing staff received the following education; " Temporary action plan for 48hrs until Invacare slings arrive/Universal Sling Checklist- " Mechanical Lift Policy " Universal Sling Placement & Lift Transfer Observation " Temporary Sling placement and sizing " Staff viewed Video Invacare Lifts & Slings Demo on YouTube (link: https:/youtu.be/sr2zt_hkGGA) between _ " 7/7/20-7/13/2020. " Invacare Lift & Sling placement competency performed with return demonstration between 7/7/20-7/13/2020. All staff are now trained and competent. " Invacare Lift & Sling placement competency will now be utilized in orientation packet as part of staff competency/resident safe handling upon hire which will include the Policy for Invacare Sling use. The facility implemented the following measures &/or systemic changes: " Invacare Lift & Sling placement competency will now be utilized in orientation packet as part of staff competency/resident safe handling upon hire.	

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21665	Continued From page 3 the transfer to the chair, the lower sling strap became dislodged from the hook on the mechanical lift resulting in R1 falling out of the sling to the floor. R1 complained of right knee pain and obtained a bump on the head. Immediately following the incident, registered nurse (RN)-A and RN-B assessed R1's injuries and R1 was transferred to local hospital for further assessment of the knee and head injury. Review of a progress note dated 6/28/20, at 1:32 p.m. indicated LPN-A and NA-A were lifting R1 from her bed to a stationary chair with a mechanical lift. LPN-A was operating the lift while NA-A was maneuvering R1, when the right lower leg strap of the sling slipped off the prong on the mechanical lift and R1 fell to the floor hitting her buttocks and her head against the leg of the mechanical lift. LPN-A summoned RN-A immediately for help. ROM was assessed with full ROM in bilateral upper extremities as well as the left lower extremity. Limited ROM noted in right lower extremity. R1 complained of right knee pain when bending the leg. R1 started to develop a large bump on the back, right side of the head. R1's vital signs were stable. The ambulance was called and transported R1 to the local emergency room (ER) at 12:30 p.m. for further evaluation. Review of a hospital emergency department (ED) physician progress note dated 6/28/20, indicated R1 was evaluated after a fall from a mechanical lift and had a large posterior (back side) scalp contusion which appeared to be her only traumatic injury. A computerized tomography (CT) scan was performed which showed no evidence of intracranial (inside skull) abnormality. R1 had no complaints other than mild soreness over the area of the contusion and returned to the nursing home on on 6/28/20, at 2:45 p.m.	21665	" Facility has implemented using one brand of lift (Invacare) facility is purchasing lift slings specific to lift manufacturer specifications. " Facility has purchased an additional Invacare lift in order to assure all lift needs are met. " The facility has ordered a new lift cradle from Invacare with safety clips and will replace upon arrival at facility. The facility plans to monitor its performance to make sure that the solutions are sustained. This plan has been evaluated and reported to the quality assurance committee utilizing the Ad HOC QAPI on 7/7/2020 and quarterly thereafter. " The Charge nurse is conducting 2 lift observation audits per shift 7 days/wk, ongoing until resurvey, with quarterly audits ongoing until assurance that compliance is met. " DON or designee will conduct sling audits daily 7 days/wk, to ensure the resident has the correct sling assignment x 1 week, then weekly until resurvey, with periodic audits ongoing until assurance that compliance is met. " All audits will be reviewed by the D.O.N. If concerns are found retraining with potential disciplinary action will be taken.	

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21665	Continued From page 4 Review of a progress note dated 6/28/20, at 5:41 p.m. indicated R1 was having increased pain in her right knee which was only partially relieved by acetaminophen. R1's right knee was swollen and had difficulty moving it. RN-C contacted the provider who saw R1 in the ER earlier on 6/28/20. The provider indicated he was not suspicious of a fracture to R1's right leg because she was able to bend and move it; and R1 told him her knee did not hurt any more now than before the fall. Review of a progress note dated 6/28/20, at 8:47 p.m. indicated R1 continued to have right knee pain and increased leg swelling, and refused to get out of bed for supper. A message was left for nurse practitioner (NP)-C of the continued knee pain. On 6/29/20, at 8:48 a.m. an order was received from NP-C for a portable X-ray of R1's right knee to be done that day and to increase her acetaminophen dose from 650 milligrams (mg) to 1000 mg three times a day and as needed. Review of a radiology report dated 6/29/20, indicated R1 had an acute (new) distal femoral shaft (near the knee) fracture. Progress note dated 6/29/20, at 4:14 p.m. indicated NP-C advised facility to send R1 to the ER for splinting of leg. R1 left facility by ambulance at 4:17 p.m., returning on 6/30/20, at 2:01 a.m. with right leg splinted. Review of a ED physician progress note dated 6/29/20, at 5:04 p.m. confirmed R1's distal femur fracture and no other injuries; a right leg splint was applied and R1 was returned to the facility. Review of an investigative report dated 6/29/20, the facility director of nursing (DON) indicated after interviewing staff and investigating the	21665		

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above incident, as well as inspecting the sling and the mechanical lift, she concluded the incident was the result of human error; staff being too quick and not doing all of the checks to ensure the loops on the sling were fully seated on the hooks. All staff were provided education on checking to ensure the loops on the sling were fully placed on the hooks as well as having three staff assist with all mechanical lift transfers and conduct audits for compliance. The manufacturer's instructions for the mechanical lift (Invacare) and the sling (Proactive) had not been reviewed during the DON's investigation, that included safety measures for the use of the mechanical lift.

During observation and interview on 7/1/20, at 4:55 p.m., R1 was resting in the recliner in her room. When interviewed R1 about the above incident she stated, "They threw me on the floor." R1 stated she hurt her leg, her head and her shoulder.

During observation and interview on 7/2/20, at 10:40 a.m. R1 was resting on her back in bed with her right leg wrapped in elastic wrap from groin to toes, propped on a pillow. R1 stated she had pain in her feet at this time

During telephone interview on 7/1/20, at 10:48 a.m. LPN-A, who assisted with the lift on 6/28/20, stated they were going to get R1 up in a chair for dinner. They put the sling under her and attached the loops. "Out of habit, I always pull down on the loops to make sure they are attached." LPN-A stated she was operating the lift so was standing at the head of the lift where the controls were. LPN-A stated NA-A was maneuvering R1 in the lift. LPN-A added, "As soon as we lifted her up off the bed and pulled the lift away, the right leg loop

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21665	Continued From page 6 popped and she fell to the ground and hit her head on the leg of the lift." During a telephone interview on 7/1/20, at 10:55 a.m. NA-A stated both her and LPN-A checked the straps on the Hoyer with the "curly cues." and "We made sure the straps were firmly in the curly cues." NA-A stated she did a visual check and waited until R1 was up off the bed a couple of inches. NA-A stated, "We both did visual checks." NA-A then guided R1's legs over the bed to put her in the chair for lunch. "It happened so fast, all I remember is her hitting her head on the floor." During a telephone interview on 7/1/20, at 11:00 a.m. RN-A stated she was summoned to help after R1 fell. Stated by the time she arrived to R1's room, the sling was removed from the lift and she focused her attention on R1 who was laying on the floor. During an interview on 7/1/20, at 11:05 a.m. RN-B stated she was at the facility for training and heard a commotion in R1's room, so went to check on it. She recalled either or both LPN-A or NA-A saying, "we checked them [the sling loops] and they were tight." By then the sling had been removed from the lift and the lift pushed out of the way. RN-B stated she left to start paperwork for R1's transfer to the hospital. During interview on 7/1/20, at 10:20 a.m. the DON conducted a re-enactment of the incident with the Invacare lift, model RPA600-1 and Proactive mesh sling, both which were used during R1's fall on 6/28/20 at noon. During re-enactment, it appeared as if the loops on the mesh sling were seated properly in the swivel bar hooks, and with tension from the resident's weight on the loops of the sling, it is unlikely the	21665		

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loop could simply slip off during transfer. Facility used reusable mesh slings from a different vendor other than the lift vendor. Lift brand is Invacare and sling brand is Proactive. The DON stated the Proactive sling was "universal" and could be used with any brand mechanical lift.

The DON provided Owner's Operator and Maintenance Manual for the Invacare lift, revision date 9/08. According to section I - general guidelines: Invacare transfer slings are specifically designed to be used in conjunction with Invacare patient lifts. Slings designed by other manufacturers are not to be utilized as a component of Invacare's patient lift system. Use of these products is prohibited and will void the lifts warranty. Use the sling that is recommended by the individual's doctor, nurse or medical assistant for the comfort and safety of the individual that is being lifted. Be sure to check the sling attachments each time the sling is removed and replaced, to ensure that it is properly attached before the patient is removed from a stationary object (bed, chair, or commode). Warning: Invacare slings are made specifically for use with Invacare Patient Lifts. For the safety of the patient do not use slings and patient lifts of different manufacturers.

During a telephone interview on 7/1/20, at 2:10 p.m. Invacare customer service (CS)-D stated, "Invacare only tested Invacare lifts and slings; no other manufacturers" and "that's why it's written that way" in the manufacturer instructions.

The DON provided Proactive Sling and Hoist Compatibility document, undated, which indicated: throughout the years, slings have changed in style, size, material, and design because of the growing competition in the current

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market. Many manufacturers are very reluctant to accept the interchangeability of slings due to liability factors or for simple marketing self-interest. However, with a thorough risk assessment done by a competent assessor, using an interchangeable sling in place of a manufacturer's recommended sling can provide the solution to a patients specific requirements at a lower cost. Some of the lifter brands that our slings are designed to be used interchangeably with are: Invacare, Drive, Bestcare, Medline, Graham Field, Joerns, etc.

The DON provided Proactive full body sling instruction manual, undated, which indicated: check the patient's weight and the slings maximum weight capacity. Ensure the patient's weight does not exceed the sling's maximum weight capacity.

During a telephone interview on 7/1/20, at 3:30 p.m., when asked Proactive manufacturer customer service representative how one could tell by looking at a Proactive sling, what size it was, she stated, "when you got them, they came in a box and the size was on the box." Asked if the size is noted on the sling and she stated no. She further stated in order to determine the size of the sling, you would need to measure it.

There were three mechanical lifts observed on 7/1/20, and 7/2/20, being utilized by staff. These mechanical lift manufacturers were Invacare and Medline. All slings being utilized with these mechanical lifts were the brand Proactive. There were no slings being utilized by the mechanical lift manufacturers of Invacare or Medline.

Review of the current care plans for R1, R4, R5, R6, R7, R8 and R9 (residents who utilized the

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mechanical lifts and slings) indicated R1 utilized a medium sling. The care plan for R4, R5, R6, R7, R8 and R9 did not reflect a sling size. In addition, the medical records for these residents did not include a sling assessment, to determine the individual safe sling size to be utilized with the mechanical lifts.

During an observation on 7/1/20, at 10:00 a.m. R4 was being transferred by two staff using an Invacare mechanical lift. The sling being utilized was by manufacturer Proactive. R4 was transferred from bed to wheelchair while a third staff person observed utilizing a new safety checklist that guided the process. The tag on the Proactive sling was not readable due to wear; unknown if it included the size of the sling.

During an observation on 7/1/20, at 11:40 a.m., R5 was being transferred by two staff using an Invacare mechanical lift. The sling being utilized was by manufacturer Proactive. R5 was transferred from bed to wheelchair while a third staff person observed utilizing a new safety checklist that guided the process. The tag on the Proactive sling was not readable due to wear; unknown if it included the size of the sling.

During an observation on 7/1/20, from 2:20 p.m. to 2:45 p.m., R1, R4, R5, R6, R7, R8 and R9 was observed to have Proactive slings placed under them for transfer. The tag on the Proactive slings were not readable due to wear; unknown if they included the size of the sling, with with the exception of one Proactive sling which indicated it could hold up to 600 pounds.

During an interview on 7/1/20, at 2:10 p.m. NA-B indicated there were no guidelines or policies stating what sling size to use for residents. NA-B

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stated when she determined what size sling to use on a resident she would just visualize the size of the resident to a sling; indicating she did not go by the weight of the resident. NA-B further indicated that at times if she was unsure what size, she would place the sling next to the resident to see if it was long enough for that resident. NA-B confirmed the labels on the slings were not readable. NA-B confirmed the NA care plan for residents did not have a designated size of sling to use for each resident, who utilized a mechanical lift. NA-B verified there was no guidance or direction on what size sling to use for residents that utilize mechanical lifts. NA-B also indicted all of the slings used for the mechanical lifts were the Proactive brand and the mechanical lifts utilized were Invacare and Medline brands.

During an interview on 7/1/20, at 2:15 p.m. NA-C indicated there were no guidelines or policies indicating what sling size to use for residents. NA-C indicated she did not go by the weight of the resident, rather she would visualize the size of the resident to the sling. NA-C confirmed the label on the slings were not readable. NA-C confirmed the nurse aide sheets did not have a designated size of sling to use for each resident who utilized a mechanical lift. NA-C verified that there was no guidance or direction on sling size to use for residents who utilized mechanical lifts. NA-C also indicted all slings used for the mechanical lifts were Proactive brand and the mechanical lifts utilized were Invacare and Medline brands.

During an interview on 7/1/20, at 2:30 p.m. LPN-B indicated there were no guidelines or policies indicating what sling size to use for residents. LPN-B stated she determined what size sling to use on a resident. LPN-B confirmed the labels on the slings were not readable. LPN-B confirmed

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21665	Continued From page 11 the nurse aide care plan for residents did not have a designated size of sling to use for each resident who utilized a mechanical lift. LPN-B verified there was no guidance or direction on what size sling to use for residents who utilized mechanical lifts. LPN-B also indicted all of the slings used for the mechanical lifts were Proactive brand and the mechanical lifts utilized were Invacare and Medline brands. During an interview on 7/1/20, at 2:40 p.m. NA-D indicated there were no guidelines or policies indicating sling size to use for residents. NA-D stated when she determined size sling for a resident, she would just visualize the size of the resident to a sling. NA-D indicated she did not go by the weight of the resident to determine the sling size to use. NA-D confirmed the tags on the slings did not have a readable label on them indicating size. NA-D confirmed the nurse aide care plan for residents did not have a designated size of sling to use for each resident who utilized a mechanical lift. NA-D verified there was no guidance or direction on what size sling to use for residents who utilized mechanical lifts. The NA also indicted all of the slings used for the mechanical lifts were Proactive brand and the mechanical lifts utilized were Invacare and Medline brands. During an interview on 7/1/20, at 2:50 p.m. NA-E indicated there were no guidelines or policies indicating sling size to use for residents. NA-E stated when she determined what size sling to use on a resident she would just visualize the size of the resident to a sling. NA-E indicated she did not go by the weight of the resident. NA-E confirmed the tags on the slings did not have a readable label on them indicating a size. NA-E confirmed the nurse aide care plan for residents	21665		

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did not have a designated size sling to use for each resident who utilized a mechanical lift. NA-E verified there was no guidance or direction on what size sling to use for residents who utilized mechanical lifts. NA-E also indicted all of the slings used for the mechanical lifts were Proactive brand and the mechanical lifts utilized were Invacare and Medline brands.

During an interview on 7/1/20, at 3:00 p.m. the DON and the administrator indicated the slings that were being used with the mechanical lifts for R1, R4, R5, R6, R7, R8 and R9 were assessed by their weight for sizing, and were included in the plan of care as well as the NA care sheets. The DON indicated there was a policy that confirmed this. (Although the DON and administrator indicated residents who utilized a sling with a mechanical lift were assessed for size, this information was not included in the medical record or plan of care). The DON and administrator confirmed the staff were utilizing a different brand of slings (universal) that included manufacturers of Proactive and 2 different mechanical lift manufactures of Invacare and Medline. The DON and administrator indicated they thought that is was ok to interchange and use universal slings with different mechanical lift manufacturers, even though the manufacturers instructions for each of these mechanical lifts warned against this. The DON did verify that the Proactive slings currently being utilized had labels that were not readable due to being warn off. The DON stated that the policy was to utilize slings according to the resident's weight for sizing of the sling, but also confirmed this was not identified in the medical records or plan of care.

According to DON, the mechanical lifts are inspected monthly by maintenance staff. The

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document titled, Hoyer Lift Inspection was reviewed for the months of May and June 2020, which indicated the Invacare lift model RPA600-1 met inspection criteria of:
1. All nuts, bolts, clips and pins
2. Oil leaks, cylinder, valve, pump, lever
3. Handles, wheels breaks
4. Hooks and chains
5. Frame & welds, paint condition, sharp edges

Facility policy titled, Procedure for Using Mechanical Lift Slings, undated, indicated:
1. Mechanical lifts allow a person to be transferred with a minimum of physical effort. To properly transfer a person with a mechanical lift the sling applied must be of a size that fits the person. Please be aware of the size needed to transfer a person safety.
2. Size of sling
   a. Small fits residents 58-140 pounds
   b. Medium fits residents 140 to 200 pounds
   c. Large fits residents 200 - 400 pounds
   d. X-Large fits residents 400 - 600 pounds
3. If in doubt which sling to use please consult with the nurse in charge/or resident care plan.

Facility policy titled, Safe Lifting and Movement of Residents, revised dated 8/09, indicated:
1. Nursing staff in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Such assessments shall include:
   a. Resident's preferences for assistance;
   b. Resident's mobility (degree of dependency);
   c. Resident's size;
   d. Weight-bearing ability;
   e. Cognitive status;

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21665	Continued From page 14 f. Whether the resident is usually cooperative with staff; and g. The resident's goals for rehabilitation, including restoring or maintaining functional abilities. 2. Staff responsible for direct resident care will be trained in the use of manual and mechanical lifting devices. 3. Staff will be observed for competency in using mechanical lifts and observed periodically for adherence to policies and procedures regarding use of equipment and safe lifting techniques. 4. Enough slings in the sizes required by residents in need, will be available at all times. 5. All equipment design and use will meet or exceed guidelines and regulations concerning resident safety. Facility policy titled, Resident Handling Policy "Limited Lift" dated 1/13/20, indicated: 1. The resident handling policy exists to ensure a safe working environment for resident handlers. The policy is to be reviewed and signed by all staff that perform or may perform resident handling. 2. Initial screening will be completed on all residents to assess transfer and ambulation status. 3. Resident transfer status will be reviewed via care plan time frame and on an as needed basis. 4. Resident transfer status will be written on the daily worksheets to inform the staff of appropriate transfer needs. 5. Should a resident fall on the floor, the resident will be first assessed by a nurse. If the resident is deemed medically appropriate to transfer off the floor, a mechanical lift (Hoyer type) lift will be used. If the resident is not medically appropriate to transfer off the floor,	21665		

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21665	Continued From page 15 EMS will be notified and will transfer the resident off the floor. 6. This policy is to be followed at all times. Failure to adhere to the policy will result in disciplinary action set forth by this policy. 7. Signature spaces for administrator, DON and employee. The immediate jeopardy that began on 6/28/20, was removed on 7/2/20, when the facility conducted assessments on all residents that utilized mechanical lifts, to determine the appropriate size of sling according to their weight. The facility included the sling size in the resident care plan, and re-educated staff on the safe and proper use of the mechanical lift and slings. The facility ordered new slings recommended by the manufacturers of the mechanical lifts being utilized (Invacare and Medline). The facility implemented 3 assist of staff with all mechanical lift transfers, until the new slings arrive. Audits were implemented for compliance. However, the noncompliance remained at the lower scope and severity level G, isolated, scope and severity, which indicate actual harm that is not IJ. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON), or designee, could review policies and procedures and re-educate staff on the proper use of mechanical lifts/slings according to the manufactures safety instructions. The DON, or designees could conduct periodic audits to ensure ongoing compliance and safety of the use of the mechanical lifts. The DON could report those findings to the quality assurance performance improvement (QAPI) committee for further recommendations to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Fourteen	21665		

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21665	Continued From page 16 (14) days.	21665		