



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted
October 23, 2020

Administrator
Fairway View Neighborhoods
201 Mark Drive
Ortonville, MN 56278

RE: CCN: 245451
Cycle Start Date: October 12, 2020

Dear Administrator:

On October 12, 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 October 12, 2020, the situation of immediate jeopardy to potential health and safety cited at F 689 was removed. However, continued non-compliance remains at the lower scope and severity of D.

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 November 7, 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 November 7, 2020/January 12, 2021, (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 November 7, 2020/January 12, 2021, (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.

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 \$11,160; 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.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective October 12, 2020. This prohibition is not subject to appeal. 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.

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

Fairway View Neighborhoods

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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, Fairway View Neighborhoods is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective October 12, 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:

Gail Anderson, Assistant Program Manager
Fergus Falls District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
1505 Pebble Lake Road, Suite 300

Fergus Falls, Minnesota 56537-3858

Email: gail.anderson@state.mn.us

Phone: (218) 332-5140

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 April 12, 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/lrc_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,

Your signature block goes here

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

PRINTED: 11/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/12/2020
NAME OF PROVIDER OR SUPPLIER FAIRWAY VIEW NEIGHBORHOODS			STREET ADDRESS, CITY, STATE, ZIP CODE 201 MARK DRIVE ORTONVILLE, MN 56278		
(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	<p>INITIAL COMMENTS</p> <p>On 10/7/20 through 10/12/20, 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.</p> <p>The following complaint was found to be SUBSTANTIATED: H5451011C, with a deficiency cited at F689.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance.</p> <p>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.</p> <p>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.</p> <p>The survey resulted in an Immediate Jeopardy (IJ) at F689 when the facility failed to follow the manufacturers instructions when using a mechanical lift for 2 of 2 residents (R1 and R2) who utilized a full body mechanical lift for transfers. R1 fell from the lift, hit her head and sustained a hematoma. This resulted in an immediate jeopardy situation for R1 and R2, when the facility failed to educate staff on how to properly use the mechanical lift to prevent accident hazards. The IJ began on 10/8/20, and</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

10/28/2020

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

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F 000	Continued From page 1 the immediacy was removed on 10/12/20.	F 000			
F 689 SS=J	<p>The above findings constituted substandard quality of care, and an extended survey was conducted from 10/8/20 through 10/12/20.</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§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</p> <p>§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 the manufacturers instructions when using a mechanical lift for 2 of 2 residents (R1 and R2) who utilized a full body mechanical lift for transfers. R1 fell from the lift, hit her head and sustained a hematoma. This resulted in an immediate jeopardy situation for R1 and R2, when the facility failed to educate staff on how to properly use the mechanical lift to prevent accident hazards.</p> <p>The immediate jeopardy began on 10/8/20, at 4:50 p.m. when it was identified staff continued to transfer residents with the mechanical lifts, without training on the use of full body mechanical lifts. The director of housing, and the director of nursing (DON) were notified of the IJ on 10/8/20, at 4:50 p.m. The IJ was removed on 10/12/20, at 12:06 p.m. but noncompliance remained at the</p>	F 689	<p>R1 continues to use the mechanical lift (hoyer) or transfer of two, with gait belt, depending on alertness of the time of transfer. This follows the care plan of R1. R2 continues to require the use of a mechanical (hoyer) lift for all transfers. This follows the care plan of R2. The staff, including agency staff, that are responsible for caring for R1 and R2 have been fully trained to operate a mechanical (hoyer) lift safely and to align wheelchair properly. The training included:</p> <p>Video-The video is presented by the EZ-Way company on both the hoyer and the stand lift. This video demonstrates proper use of the lift and placement of the lift canvas.</p> <p>Demonstration with staff- This</p>	11/2/20	

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F 689	<p>Continued From page 2</p> <p>lower scope and severity level D-isolated, scope and severity, which indicated no actual harm with the potential for more than minimal harm, that is not immediate jeopardy.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS), dated 8/17/20, included severe cognitive impairment with a diagnosis of Alzheimer's disease. R1 required extensive assistance of 2 plus persons for transfers and had no falls since the prior assessment.</p> <p>R1's care plan, revised 10/4/20, included risk for falls, and staff were directed to use a full body lift with a medium sling per manufacturers guidelines, or to transfer with one-two manual assist.</p> <p>R1's Event Report dated 10/2/20, identified R1 was being transferred from her bed to a wheel chair, the straps of the sling were not crossed between her legs and she slid to the floor with assistance from staff. R1 sustained a, "bump," and bruising. The report identified the staff operating the mechanical lift were inexperienced with the use of the equipment and education was needed.</p> <p>R1's progress note dated 10/2/20, at 4:33 p.m. included, "Writer called to resident's room where resident was laying on the floor beneath the hoyer [mechanical lift] lift with her head on a pillow. Staff had attempted to transfer her from the bed to the w/c [wheel chair] with the use of the hoyer and the straps from the hoyer lift sheet were not crossed underneath her. She slid from the lift onto the floor, staff helped to ease her to the floor</p>	F 689	<p>demonstration was a live presentation by trained/licensed staff in regards to correctly operating the lift and positioning the lift canvas.</p> <p>Return demonstration- During the demonstration with trained/licensed staff, current staff , including agency staff, did return demonstrate to ensure that they are knowledgeable on operating the lift and positioning the lift canvas. Following the video and demonstration staff were signed off on receiving education and understanding the information in order to keep our resident safe.</p> <p>Paper test- All current nursing staff , including agency staff, have completed an EZ-Way Smart Lift Stand and Lift Quiz, which is placed in their employee education file.</p> <p>Annual Education and as needed- Annual education is completed by the therapy department regarding the lift and hoyer use along with proper placement of wheelchair during a transfer. Therapies will also ensure staff are competent on appropriate positioning of a resident. Therapy also will educate as needed to keep our residents safe.</p> <p>All PRN nursing staff will receive the above education on their next scheduled shift and prior to operating the EZ-Way equipment. All new nursing staff including agency staff, will be educated on lifts in the same manner prior to their orientation on the</p>		

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F 689	<p>Continued From page 3</p> <p>but she did hit her head, the left side, base of the skull. No other injuries noted. Assisted to standing position using 3 staff and a transfer belt. Resident did not grimace with this movement and did not grimace while bearing weight on legs. Seated in w/c and VS [vital signs] obtained, neuro checks show no abnormality. Family and physician notified. Staff re-educated on how to properly use the hoyer lift, nurse will accompany staff into resident's room for the next transfer to ensure they are properly using the lift."</p> <p>R1's progress note dated 10/3/20, at 12:58 p.m. included, "F/U [follow up] Fall: Pain noted from fall this a.m. scheduled pain gel put on."</p> <p>R1's progress note dated 10/4/20, at 9:40 p.m. included, "Hematoma less swollen with no c/o [complaints of] when touched. Some grimacing noted after the evening meal so did give Tylenol at HS [bedtime] and within a half hour she was asleep."</p> <p>R1's progress note dated 10/5/20, at 9:22 p.m. included, "There is still some bruising to the left side of her neck towards the base of the skull."</p> <p>R1's progress note dated 10/8/20, at 8:47 a.m. included, "During a.m. cares staff noted discolored bump area to right inner foot approx. [approximately] 2 cm [centimeters] below ankle. Area discolored purple and appears to be fading, 2.5 cm round in size."</p> <p>During observation on 10/7/20, at 1:41 p.m. nursing assistant (NA)-G and NA-H assisted R1 with toileting, transferring with a mechanical standing lift. R1 had a large green colored bruise to the left side of her neck.</p>	F 689	<p>floor by a trained/licensed nurse.</p> <p>In addition to the above education the following will be done to ensure resident safety. A laminated card with instructions has been placed with the lift EZ-Way instruction manuals have been placed in each neighborhood for staff reference</p> <p>At this time, there are no other residents requiring a mechanical (hoyer) lift. If and when a current resident, including a new admission, that will require a hoyer lift, an initial screen by physical therapy will be done. All nursing staff, including agency staff, have been trained to use hoyer lifts safely with proper wheelchair alignment. All new nursing staff including agency staff, will be educated on mechanical lifts in the following manner prior to their orientation on the floor by a trained/licensed nurse.</p> <p>The training included:</p> <p>Video-The video is presented by the EZ-Way company on both the hoyer and the stand lift. This video demonstrates proper use of the lift and placement of the lift canvas.</p> <p>Demonstration with staff- This demonstration was a live presentation by trained/licensed staff in regards to correctly operating the lift and positioning the lift canvas.</p>		

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F 689	Continued From page 4 When interviewed on 10/7/20, at 2:00 p.m. NA-G stated R1 had the bruising on her neck because she fell out of the full body lift sling on 10/2/20. NA-G had watched a video on the use of the lifts and at change of shift today staff were going to do a demonstration of how to use the lift. R1 uses the standing lift, "on good days," and will use the full body lift when weaker. During observation on 10/7/20, at 2:15 p.m. nine staff went into an empty resident room with the full body lift and NA-F played a video on the laptop computer on the appropriate use of the full body lift, then NA-F demonstrated using one of the staff present to be transferred in the full body lift, stressing the importance of the crossing of the straps between the legs. No other staff participated in the hands on training. When interviewed on 10/7/20, at 3:03 p.m. NA-I stated she was not aware of any training on lifts over the years. NA-I stated she had the training in class when she was certified, but that was so long ago. When interviewed on 10/7/20, at 2:32 p.m. NA-D stated he was working with R1 on 10/2/20, with NA-C. NA-D stated he and NA-C were transferring R1 with the full body lift from her bed to her wheel chair when, "like slow motion," R1 slid out of the sling and down NA-C's leg to the floor. NA-D stated R1 had sustained bruise on her neck. NA-D stated he was told how to use the lift verbally after R1's fall and later the nurse came into R1's room to help with the transfer to show the proper way to use the full body lift. NA-D stated he was still not comfortable using the full body lift and this was the first training he	F 689	Return demonstration- During the demonstration with trained/licensed staff, current staff , including agency staff, did return demonstrate to ensure that they are knowledgeable on operating the lift and positioning the lift canvas. Following the video and demonstration staff will sign off on receiving education and understanding the information in order to keep our resident safe. Paper test- All current nursing staff , including agency staff, have completed an EZ-Way Smart Lift Stand and Lift Quiz, which is placed in their employee education file. Annual Education and as needed- Annual education is completed by the therapy department regarding the lift and hoier use along with proper placement of wheelchair during a transfer. Therapies will also ensure staff are competent on appropriate positioning of a resident. Therapy also will educate as needed to keep our residents safe. All PRN nursing staff will receive the above education on their next scheduled shift and prior to operating the EZ-Way equipment. All new nursing staff including agency staff, will be educated on lifts in the same manner prior to their orientation on the floor by a licensed nurse. In addition to the above education the following will be done to ensure resident		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 689	<p>Continued From page 5</p> <p>had received on the full body lift since he started in August of 2020. NA-B stated R1 was transferred previously with assist of two staff and a gait belt.</p> <p>During a follow-up interview with NA-D on 10/8/20, at 10:35 a.m. NA-D stated he learned the reason for R1 falling out of the lift was that the straps were not crossed between her legs. NA-D explained he had done some on-line training prior to starting on the floor as an aide, and six-seven shifts with a mentor on the floor before he was able to work independently. NA-D stated he completed a check off sheet of skills during this time, and was able to complete all but the full body lift and bedpans. NA-D will be able to take the certification test after he has gained experience and feels ready to take the exam, but is not a certified nursing assistant at this time.</p> <p>When interviewed on 10/8/20, at 3:15 p.m. NA-C stated R1 had been using the standing lift, but on 10/2/20, NA-F told her to use the full body lift and asked if she could teach NA-D how to use it. NA-C stated she did not think she would be training anyone as this was her first assignment and had only been working at the facility for a couple of months. NA-C stated she was never asked if she knew how to use the lift, just if she would teach NA-D. NA-C stated she did tell NA-F, "ok," to teaching NA-D. NA-C stated while transferring R1, she slid out of the sling. NA-C stated she noticed the straps between R1's leg were not crossed about the same time registered nurse (RN)-A showed up to the room and pointed it out. NA-C stated a nurse did assist with the transfer of R1 later that night with her and NA-D. NA-C stated no other training has been provided to her. NA-C explained when she started with the</p>	F 689	<p>safety.</p> <p>A laminated card with instructions has been placed with the lift EZ-Way instruction manuals have been placed in each neighborhood for staff reference</p> <p>All current and agency nursing staff have been trained to operate a mechanical (hoyer) lift safely and proper wheelchair alignment for safety. All nursing staff will receive annual training and as needed.</p> <p>All new nursing staff including agency staff, will be educated on lifts in the following manner prior to their orientation on the floor by trained/licensed nurse.</p> <p>The training included:</p> <p>Video-The video is presented by the EZ-Way company on both the hoyer and the stand lift. This video demonstrates proper use of the lift and placement of the lift canvas.</p> <p>Demonstration with staff- This demonstration will be a live presentation by trained/licensed staff in regards to correctly operating the lift and positioning the lift canvas.</p> <p>Return demonstration- During the demonstration with licensed staff, new staff will return demonstrate to ensure that they are knowledgeable on operating the lift and positioning the lift canvas. Following the video and demonstration staff will be signed off on receiving</p>		

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F 689	<p>Continued From page 6</p> <p>facility two months ago, she did a few shifts on the floor with a mentor and had to complete two exams with, Medical Solutions [a staffing agency] before working in any facilities. NA-C stated the test with Medical Solutions was general questions, but no questions on the use of mechanical lifts, and she has not had training with lifts for several months, when she had worked in another state.</p> <p>When interviewed on 10/7/20, at 2:45 p.m. RN-A stated she was called to R1's room on 10/2/20, R1 was on the floor with her head on the inside leg of the full body lift and her feet were toward the door. The full lift was next to the bed. Staff explained R1 had slipped out of the sling during the transfer. RN-A stated she noticed the straps of the sling were not crossed and R1 had a hematoma on the left base of her skull at the hairline. RN-A stated she did an assessment of R1 and updated the family and the physician. RN-A stated she told NA-D and NA-C not to do another transfer with the full body lift until a nurse could assist them. RN-A stated she did a verbal teaching at the time when she noticed the straps not crossed for the legs and RN-B was able to assist later in the evening when they assisted R1 to bed.</p> <p>When interviewed on 10/7/20, at 2:00 p.m. NA-E stated she was working as a homemaker on 10/2/20, making cookies, when NA-D came into the dining room asking for help. NA-E stated she went to R1's room and saw R1 on the floor with the full body lift parallel to the bed. NA-E stated she asked NA-C to put a pillow under R1's head and the nurse came to the room to assist. NA-E stated she received training on the lifts annually and during the nursing assistant classes when</p>	F 689	<p>education and understanding the information in order to keep our resident safe.</p> <p>Paper test- All new nursing staff will complete an EZ-Way Smart Lift Stand and Lift Quiz, which will be placed in their employee education file.</p> <p>Annual Education and as needed- Annual education is completed by the therapy department regarding the lift and hoyer use. Therapy also will educate as needed to keep our residents safe.</p> <p>All PRN nursing staff will receive the above education on their next scheduled shift and prior to operating the EZ-Way equipment.</p> <p>In addition to the above education the following will be done to ensure resident safety. A laminated card with instructions has been placed with the lift EZ-Way instruction manuals have been placed in each neighborhood for staff reference</p> <p>Quality Assurance/Performance Improvement has been developed to ensure all nursing staff, including agency staff, have been trained on mechanical (hoyer) lift and using the lift safely. This audit will be a visual audit. A visual observation audit will be done three times a week per neighborhood for three months or until 100% compliant. Then random audits will be completed. The</p>		

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F 689	<p>Continued From page 7</p> <p>they get certified. However NA-E was unable to recall the last training she attended on lifts.</p> <p>When interviewed on 10/8/20, at 10:00 a.m. the director of nursing (DON) stated she was informed that R1 was being transferred in the full body lift by NA-D and NA-C when R1 slipped out of the sling and was supported to the floor by staff, hitting her head on the foot of the lift. DON also stated she was aware that the nurse was present for the transfer later in the shift to ensure it was done appropriately. DON stated that it is her expectation that all staff be trained before using the full body lifts and the straps be crossed between the legs of the resident during the transfer so the resident transfers safely.</p> <p>R2's annual MDS dated 8/3/20, included, severe cognitive impairment with a diagnosis of Alzheimer's disease. R2 was totally dependent upon 2 plus staff for transfers and had 2 plus falls since the prior assessment.</p> <p>R2's care plan revised 8/3/20, included the need for total staff assistance for transfers with a full body mechanical lift and medium sling.</p> <p>During observation on 10/8/20, NA-A and NA-B assisted R1 with a transfer from bed to the wheel chair using the full body mechanical lift. As NA-B was lowering R2 toward the wheel chair, NA-A tipped the wheel chair off the two front wheels bracing the wheel chair with her leg. After R2 was seated in the wheel chair NA-A lowered the wheel chair to the floor.</p> <p>When interviewed on 10/8/20, at 11:45 a.m. NA-A stated she tipped the wheel chair back to position R2 correctly in the wheel chair. NA-F also stated</p>	F 689	<p>Quality Assurance/Performance Improvement audit results will be reported monthly to the Quality Assurance/ Performance Improvement meeting.</p> <p>This will be monitored by the director of nursing/Neighborhood Leads.</p>		

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

PRINTED: 11/04/2020
FORM APPROVED
OMB NO. 0938-0391

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F 689	<p>Continued From page 8</p> <p>she has done training on the lift via computer yearly, but has never participated in a demonstration.</p> <p>During a follow up interview with NA-A on 10/8/20, at 1:49 p.m. NA-F stated she usually does tip the wheel chair back when transferring R2. NA-A stated she knows she, "probably shouldn't," and doesn't always do it, it just depends on the day." She had not been taught to do transfers this way.</p> <p>When interviewed on 10/8/20, at 1:50 p.m. the DON stated, it would never be safe to tip the wheel chair back during a transfer and there are handles on the sling to aid in positioning of the residents. DON confirmed the facility currently has two residents (R1 and R2) who utilize full body lifts.</p> <p>When interviewed on 10/8/20, at 10:00 a.m. the DON stated training on the mechanical lifts with staff were done on hire and annually in a classroom setting with the therapy department to demonstrate the proper use of the full body lift and the standing lift. This training was over 2-3 days and was mandatory to all staff. The last training was in November of 2019 and the next one will be before the end of the year. The DON stated the training planned for the licensed nurses and aids following the fall of R1, are a training video that has a follow up test, a live demonstration, and a return demonstration by the staff. This training was started and on 10/8/20, and 8 staff had completed the live demonstration and 10 had completed the video with the follow up test. This is out of the 68 total staff needing the training. The return demonstration piece of the training is planned to start on 10/9/20. The</p>	F 689			

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F 689	<p>Continued From page 9</p> <p>DON provided a sign in sheet for the, "live demonstration, which showed 8 out of 68 staff had participated so far. Tests were provided and showed 10 of 68 staff had taken the exam.</p> <p>When interviewed on 10/8/20, at 1:25 p.m. the sales representative from EZ way [mechanical lift brand name] stated, when transferring a resident using the full body lift it doesn't matter how you cross the straps between the legs, as long as they are crossed and it would absolutely never be appropriate to tip the wheel chair back to correctly position a resident. She further stated if positioning was not correct, then the sling was not positioned correctly under the resident in the first place.</p> <p>NA-D's training records dated 8/28, no year, included a check off list of training's. A video training entitled, "hoyer," was not checked off. No training was found for the mechanical lifts.</p> <p>No competency training on mechanical lifts was available for NA-C. NA-C worked for the staffing agency Medical Solutions. The Medical Solutions contract dated 11/16/16, identified training on any equipment was the responsibility of the facility.</p> <p>The EZ Way Smart Lift instructions dated 8/10/18, identified, "For safe operation of the EZ Way Smart Lift, operators should watch the training video, read through this manual, complete the competency checklist, and practice on a fellow staff member." The manual describes the need to individualize the sling size and method to each resident and to cross the sling between the legs.</p> <p>The IJ that began on 10/8/20, was removed on</p>	F 689			

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F 689	Continued From page 10 10/12/20, when the facility ensured all staff were trained prior to providing direct care of the residents and had a plan to have all new employees trained prior to working on the floor. Laminated instructions were placed in all three of the full body lifts in the building and three ring binders with the instructions were placed at all three nurses stations. Care plans were reviewed and updated for R1 and R2 and training was completed for 43 of the 68 staff, with the remainder of the staff to be trained prior to their next shift. However, the noncompliance remained at the lower scope and severity level of D-isolated, scope and severity, which indicated no actual harm with there potential for more than minimal harm that is not immediate jeopardy.	F 689			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 21, 2020

Administrator
Fairway View Neighborhoods
201 Mark Drive
Ortonville, MN 56278

Re: State Nursing Home Licensing Orders
Event ID: OHFO11

Dear Administrator:

The above facility was surveyed on October 7, 2020 through October 12, 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.

Fairway View Neighborhoods

October 23, 2020

Page 2

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:

Gail Anderson, Assistant Program Manager
Fergus Falls District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
1505 Pebble Lake Road, Suite 300
Fergus Falls, Minnesota 56537-3858
Email: gail.anderson@state.mn.us
Phone: (218) 332-5140

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.

Sincerely,



Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00771	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2020
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NAME OF PROVIDER OR SUPPLIER FAIRWAY VIEW NEIGHBORHOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 201 MARK DRIVE ORTONVILLE, MN 56278
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 10/7/20-10/12/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE
10/28/20

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00771	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2020
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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H5451011C with a licensing order issued at MN Rule 4658.0520. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	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 follow the manufacturers instructions when using a mechanical lift for 2 of 2 residents (R1 and R2) who utilized a full body mechanical lift for transfers. R1 fell from the lift, hit her head and sustained a hematoma. This resulted in an immediate jeopardy situation for R1 and R2, when the facility failed to educate staff on how to properly use the mechanical lift to prevent	2 830	Corrected.	11/2/20

Minnesota Department of Health

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2 830	<p>Continued From page 2</p> <p>accident hazards.</p> <p>The immediate jeopardy began on 10/8/20, at 4:50 p.m. when it was identified staff continued to transfer residents with the mechanical lifts, without training on the use of full body mechanical lifts. The director of housing, and the director of nursing (DON) were notified of the IJ on 10/8/20, at 4:50 p.m. The IJ was removed on 10/12/20, at 12:06 p.m. but noncompliance remained at the lower scope and severity level D-isolated, scope and severity, which indicated no actual harm with the potential for more than minimal harm, that is not immediate jeopardy.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS), dated 8/17/20, included severe cognitive impairment with a diagnosis of Alzheimer's disease. R1 required extensive assistance of 2 plus persons for transfers and had no falls since the prior assessment.</p> <p>R1's care plan, revised 10/4/20, included risk for falls, and staff were directed to use a full body lift with a medium sling per manufacturers guidelines, or to transfer with one-two manual assist.</p> <p>R1's Event Report dated 10/2/20, identified R1 was being transferred from her bed to a wheel chair, the straps of the sling were not crossed between her legs and she slid to the floor with assistance from staff. R1 sustained a, "bump," and bruising. The report identified the staff operating the mechanical lift were inexperienced with the use of the equipment and education was needed.</p>	2 830		

Minnesota Department of Health

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2 830	<p>Continued From page 3</p> <p>R1's progress note dated 10/2/20, at 4:33 p.m. included, "Writer called to resident's room where resident was laying on the floor beneath the hooyer [mechanical lift] lift with her head on a pillow. Staff had attempted to transfer her from the bed to the w/c [wheel chair] with the use of the hooyer and the straps from the hooyer lift sheet were not crossed underneath her. She slid from the lift onto the floor, staff helped to ease her to the floor but she did hit her head, the left side, base of the skull. No other injuries noted. Assisted to standing position using 3 staff and a transfer belt. Resident did not grimace with this movement and did not grimace while bearing weight on legs. Seated in w/c and VS [vital signs] obtained, neuro checks show no abnormality. Family and physician notified. Staff re-educated on how to properly use the hooyer lift, nurse will accompany staff into resident's room for the next transfer to ensure they are properly using the lift."</p> <p>R1's progress note dated 10/3/20, at 12:58 p.m. included, "F/U [follow up] Fall: Pain noted from fall this a.m. scheduled pain gel put on."</p> <p>R1's progress note dated 10/4/20, at 9:40 p.m. included, "Hematoma less swollen with no c/o [complaints of] when touched. Some grimacing noted after the evening meal so did give Tylenol at HS [bedtime] and within a half hour she was asleep."</p> <p>R1's progress note dated 10/5/20, at 9:22 p.m. included, "There is still some bruising to the left side of her neck towards the base of the skull."</p> <p>R1's progress note dated 10/8/20, at 8:47 a.m. included, "During a.m. cares staff noted discolored bump area to right inner foot approx. [approximately] 2 cm [centimeters] below ankle."</p>	2 830		

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2 830	<p>Continued From page 4</p> <p>Area discolored purple and appears to be fading, 2.5 cm round in size."</p> <p>During observation on 10/7/20, at 1:41 p.m. nursing assistant (NA)-G and NA-H assisted R1 with toileting, transferring with a mechanical standing lift. R1 had a large green colored bruise to the left side of her neck.</p> <p>When interviewed on 10/7/20, at 2:00 p.m. NA-G stated R1 had the bruising on her neck because she fell out of the full body lift sling on 10/2/20. NA-G had watched a video on the use of the lifts and at change of shift today staff were going to do a demonstration of how to use the lift. R1 uses the standing lift, "on good days," and will use the full body lift when weaker.</p> <p>During observation on 10/7/20, at 2:15 p.m. nine staff went into an empty resident room with the full body lift and NA-F played a video on the laptop computer on the appropriate use of the full body lift, then NA-F demonstrated using one of the staff present to be transferred in the full body lift, stressing the importance of the crossing of the straps between the legs. No other staff participated in the hands on training.</p> <p>When interviewed on 10/7/20, at 3:03 p.m. NA-I stated she was not aware of any training on lifts over the years. NA-I stated she had the training in class when she was certified, but that was so long ago.</p> <p>When interviewed on 10/7/20, at 2:32 p.m. NA-D stated he was working with R1 on 10/2/20, with NA-C. NA-D stated he and NA-C were transferring R1 with the full body lift from her bed to her wheel chair when, "like slow motion," R1 slid out of the sling and down NA-C's leg to the</p>	2 830		

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2 830	<p>Continued From page 5</p> <p>floor. NA-D stated R1 had sustained bruise on her neck. NA-D stated he was told how to use the lift verbally after R1's fall and later the nurse came into R1's room to help with the transfer to show the proper way to use the full body lift. NA-D stated he was still not comfortable using the full body lift and this was the first training he had received on the full body lift since he started in August of 2020. NA-B stated R1 was transferred previously with assist of two staff and a gait belt.</p> <p>During a follow-up interview with NA-D on 10/8/20, at 10:35 a.m. NA-D stated he learned the reason for R1 falling out of the lift was that the straps were not crossed between her legs. NA-D explained he had done some on-line training prior to starting on the floor as an aide, and six-seven shifts with a mentor on the floor before he was able to work independently. NA-D stated he completed a check off sheet of skills during this time, and was able to complete all but the full body lift and bedpans. NA-D will be able to take the certification test after he has gained experience and feels ready to take the exam, but is not a certified nursing assistant at this time.</p> <p>When interviewed on 10/8/20, at 3:15 p.m. NA-C stated R1 had been using the standing lift, but on 10/2/20, NA-F told her to use the full body lift and asked if she could teach NA-D how to use it. NA-C stated she did not think she would be training anyone as this was her first assignment and had only been working at the facility for a couple of months. NA-C stated she was never asked if she knew how to use the lift, just if she would teach NA-D. NA-C stated she did tell NA-F, "ok," to teaching NA-D. NA-C stated while transferring R1, she slid out of the sling. NA-C stated she noticed the straps between R1's leg</p>	2 830		

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2 830	<p>Continued From page 6</p> <p>were not crossed about the same time registered nurse (RN)-A showed up to the room and pointed it out. NA-C stated a nurse did assist with the transfer of R1 later that night with her and NA-D. NA-C stated no other training has been provided to her. NA-C explained when she started with the facility two months ago, she did a few shifts on the floor with a mentor and had to complete two exams with, Medical Solutions [a staffing agency] before working in any facilities. NA-C stated the test with Medical Solutions was general questions, but no questions on the use of mechanical lifts, and she has not had training with lifts for several months, when she had worked in another state.</p> <p>When interviewed on 10/7/20, at 2:45 p.m. RN-A stated she was called to R1's room on 10/2/20, R1 was on the floor with her head on the inside leg of the full body lift and her feet were toward the door. The full lift was next to the bed. Staff explained R1 had slipped out of the sling during the transfer. RN-A stated she noticed the straps of the sling were not crossed and R1 had a hematoma on the left base of her skull at the hairline. RN-A stated she did an assessment of R1 and updated the family and the physician. RN-A stated she told NA-D and NA-C not to do another transfer with the full body lift until a nurse could assist them. RN-A stated she did a verbal teaching at the time when she noticed the straps not crossed for the legs and RN-B was able to assist later in the evening when they assisted R1 to bed.</p> <p>When interviewed on 10/7/20, at 2:00 p.m. NA-E stated she was working as a homemaker on 10/2/20, making cookies, when NA-D came into the dining room asking for help. NA-E stated she went to R1's room and saw R1 on the floor with</p>	2 830		

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2 830	<p>Continued From page 7</p> <p>the full body lift parallel to the bed. NA-E stated she asked NA-C to put a pillow under R1's head and the nurse came to the room to assist. NA-E stated she received training on the lifts annually and during the nursing assistant classes when they get certified. However NA-E was unable to recall the last training she attended on lifts.</p> <p>When interviewed on 10/8/20, at 10:00 a.m. the director of nursing (DON) stated she was informed that R1 was being transferred in the full body lift by NA-D and NA-C when R1 slipped out of the sling and was supported to the floor by staff, hitting her head on the foot of the lift. DON also stated she was aware that the nurse was present for the transfer later in the shift to ensure it was done appropriately. DON stated that it is her expectation that all staff be trained before using the full body lifts and the straps be crossed between the legs of the resident during the transfer so the resident transfers safely.</p> <p>R2's annual MDS dated 8/3/20, included, severe cognitive impairment with a diagnosis of Alzheimer's disease. R2 was totally dependent upon 2 plus staff for transfers and had 2 plus falls since the prior assessment.</p> <p>R2's care plan revised 8/3/20, included the need for total staff assistance for transfers with a full body mechanical lift and medium sling.</p> <p>During observation on 10/8/20, NA-A and NA-B assisted R1 with a transfer from bed to the wheel chair using the full body mechanical lift. As NA-B was lowering R2 toward the wheel chair, NA-A tipped the wheel chair off the two front wheels bracing the wheel chair with her leg. After R2 was seated in the wheel chair NA-A lowered the wheel chair to the floor.</p>	2 830		

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2 830	<p>Continued From page 8</p> <p>When interviewed on 10/8/20, at 11:45 a.m. NA-A stated she tipped the wheel chair back to position R2 correctly in the wheel chair. NA-F also stated she has done training on the lift via computer yearly, but has never participated in a demonstration.</p> <p>During a follow up interview with NA-A on 10/8/20, at 1:49 p.m. NA-F stated she usually does tip the wheel chair back when transferring R2. NA-A stated she knows she, "probably shouldn't," and doesn't always do it, it just depends on the day." She had not been taught to do transfers this way.</p> <p>When interviewed on 10/8/20, at 1:50 p.m. the DON stated, it would never be safe to tip the wheel chair back during a transfer and there are handles on the sling to aid in positioning of the residents. DON confirmed the facility currently has two residents (R1 and R2) who utilize full body lifts.</p> <p>When interviewed on 10/8/20, at 10:00 a.m. the DON stated training on the mechanical lifts with staff were done on hire and annually in a classroom setting with the therapy department to demonstrate the proper use of the full body lift and the standing lift. This training was over 2-3 days and was mandatory to all staff. The last training was in November of 2019 and the next one will be before the end of the year. The DON stated the training planned for the licensed nurses and aids following the fall of R1, are a training video that has a follow up test, a live demonstration, and a return demonstration by the staff. This training was started and on 10/8/20, and 8 staff had completed the live demonstration and 10 had completed the video with the follow</p>	2 830		

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2 830	<p>Continued From page 9</p> <p>up test. This is out of the 68 total staff needing the training. The return demonstration piece of the training is planned to start on 10/9/20. The DON provided a sign in sheet for the, "live demonstration, which showed 8 out of 68 staff had participated so far. Tests were provided and showed 10 of 68 staff had taken the exam.</p> <p>When interviewed on 10/8/20, at 1:25 p.m. the sales representative from EZ way [mechanical lift brand name] stated, when transferring a resident using the full body lift it doesn't matter how you cross the straps between the legs, as long as they are crossed and it would absolutely never be appropriate to tip the wheel chair back to correctly position a resident. She further stated if positioning was not correct, then the sling was not positioned correctly under the resident in the first place.</p> <p>NA-D's training records dated 8/28, no year, included a check off list of training's. A video training entitled, "hoyer," was not checked off. No training was found for the mechanical lifts.</p> <p>No competency training on mechanical lifts was available for NA-C. NA-C worked for the staffing agency Medical Solutions. The Medical Solutions contract dated 11/16/16, identified training on any equipment was the responsibility of the facility.</p> <p>The EZ Way Smart Lift instructions dated 8/10/18, identified, "For safe operation of the EZ Way Smart Lift, operators should watch the training video, read through this manual, complete the competency checklist, and practice on a fellow staff member." The manual describes the need to individualize the sling size and method to each resident and to cross the sling between the legs.</p>	2 830		

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2 830	<p>Continued From page 10</p> <p>The IJ that began on 10/8/20, was removed on 10/12/20, when the facility ensured all staff were trained prior to providing direct care of the residents and had a plan to have all new employees trained prior to working on the floor. Laminated instructions were placed in all three of the full body lifts in the building and three ring binders with the instructions were placed at all three nurses stations. Care plans were reviewed and updated for R1 and R2 and training was completed for 43 of the 68 staff, with the remainder of the staff to be trained prior to their next shift. However, the noncompliance remained at the lower scope and severity level of D-isolated, scope and severity, which indicated no actual harm with there potential for more than minimal harm that is not immediate jeopardy.</p> <p>SUGGESTED METHOD OF CORRECTION: The DON or designee could review policies and procedures, train staff, and implement measures to prevent and/or minimize the risk for falls for residents at risk to assure they are receiving the necessary treatment/services. The DON or designee could conduct audits of the delivery of care to ensure appropriate care and services are implemented to keep residents safe.</p> <p>TIME PERIOD FOR CORRECTION: seven (7) DAYS</p>	2 830		