DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 3, 2022

Administrator
Prairie Manor Care Center
220 Third Street Northwest
Blooming Prairie, MN 55917

RE: CCN: 245482
Cycle Start Date: August 19, 2022

Dear Administrator:

On September 6, 2022, we notified you a remedy was imposed. On September 21, 2022 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of September 16, 2022.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective September 21, 2022 did not go into effect. (42 CFR 488.417 (b))

However, as we notified you in our letter of September 6, 2022, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from August 19, 2022. 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, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

October 3, 2022

Administrator
Prairie Manor Care Center
220 Third Street Northwest
Blooming Prairie, MN 55917

Re: Reinspection Results
Event ID: IZ4V12

Dear Administrator:

On September 21, 2022 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on August 19, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted
September 6, 2022

Administrator
Prairie Manor Care Center
220 Third Street Northwest
Blooming Prairie, MN 55917

RE: CCN: 245482
Cycle Start Date: August 19, 2022

Dear Administrator:

On August 19, 2022, 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 August 19, 2022, 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 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 September 21, 2022.

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 September 21, 2022 (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 21, 2022 (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, Prairie Manor Care Center is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective August 19, 2022. 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" and/ or "E" tag), i.e., the plan of correction should be directed to:

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, 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 February 19, 2023 (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, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245482	A. BUILDING _____ B. WING _____	C 08/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE MANOR CARE CENTER	220 THIRD STREET NORTHWEST BLOOMING PRAIRIE, MN 55917

(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 8/16/22, 8/17/22, 8/18/22 and 8/19/22, a standard abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH). The facility was not found NOT to be in compliance with the requirements of 42 CFR Part 483, Subpart B, requirements for Long Term Care Facilities. The survey resulted in an immediate jeopardy (IJ) to resident health and safety. An IJ F689 began on 8/12/22, when the facility failed to ensure manufacturer recommendations were followed for a mechanical lift transfers and failed to a comprehensive assessment residents safety when using a mechanical lift. The administrator, and asisstant director of nursing (ADON) were notified of the IJ on 8/17/22, at 4:18 p.m. The IJ was removed on 8/19/22, at 4:30 p.m. The above findings constituted Substandard Quality of Care and an extended survey was conducted on 8/18/22. The following complaint was found to be SUBSTANTIATED: H54824010C (MN85953). The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/09/2022

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

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F 000	Continued From page 1 validate substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 689 SS=J	8/17/22, at 4:18 p.m Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure manufacturer recommendations were followed for a mechanical lift transfers and failed to a comprehensive assessment residents safety when using a mechanical lift. This resulted in immediate jeopardy (IJ) for R1 who used an incorrect harness, had limited ability to bear weight and became suspended in the lift resulting in a T9 spinal fracture. In addition the facility failed to comprehensivly assess safe transfers for appropriate brand of mechanical lift, harness/sling size and type to ensure safe transfers for 4 of 12 residents (R2, R3, R5, R6) that used a mechanical lift. The IJ began on 8/12/22, at 3:15 p.m. when	F 689	To extinguish the possibility of a lift/transfer injury Prairie Manor did system changes and started training staff by 08/18/2022. All staff involved with direct cares to residents (LPN□s, RN□s, CNA□s) were trained. Specifically, each CNA was shown proper use of each lift and received copies of any policy changes. CNAs were told during a malfunction or issue during transfer to immediately lower the resident. LPN□s and RN□s were shown where to enter a residents lift information in our EHR after therapy and restore has done their comprehensive assessment. All CNA□s have access to the care plans. Everyone was trained what slings belong to which	9/16/22

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F 689	Continued From page 2 facility staff did not use two staff to transfer R1 in accordance with the care plan, used incorrect lift harness that resulted in R1 to hang from the lift by her underarms resulting in spinal fracture. The administrator and assistant director of nursing (ADON) were notified of the IJ on 8/17/22, at 4:18 p.m. The IJ was removed on 8/19/22, at 4:30 p.m., but non compliance remained at a lower scope and severity of an D with no actual harm with potential for more than minimal harm that was not immediate jeopardy. Findings include: During an interview on 8/17/22, at 1:00 p.m. restorative aide (RA)-B identified the facility had five (5) brands of sit-to-stand mechanical lifts; Invacare -bariatric lift, (2 different models) EZ-Way or EZ-stand, Volaro, Best Care, and a Pro-Assist. On 8/22/22, at 3:00 p.m. RA-B identified the facility had brands of full body lifts; The Tolos (bariatric), PAL, EZ-Way (Hoyer),Volaro, and PURPLE. R1's face sheet indicated a diagnosis of dementia and a history of an upper and lower end right fibula fracture. R1's quarterly Minimum Data Set (MDS) dated 8/3/22, identified R1 had severe cognitive impairment and required extensive assist of two persons for transfers where staff provide non weight bearing support. R1 did not walk and used a wheelchair for mobility. R1's care plan for transfers prior to revision on 8/15/22, identified that R1 transferred with 2 assist and the use of EZ-stand for transfers to get	F 689	lifts so there is no accidental mixing. If a staff members training was not completed by 08/18/22 they received it before they started their next shift. Training was conducted by ADON, restorative supervisor or designee. By 08/18/22 all residents currently using lifts were examined by ADON and Restorative RN to determine the correct lifts and slings to use based on their comprehensive assessment and manufacturer recommendations. Results were entered into their care plans. New admits will be examined by therapy upon admission and relay to restorative what their transfer status will be (ie. 2 person Hoyer). From there restorative RN will determine what specific lift and sling to use based on therapies comprehensive assessment and manufacturers recommendations and get this information on the resident□s care plan themselves or have nursing do it. In addition, it will be entered what backup lift or sling will be used if the first is unavailable. Every sling in the building will be embroidered using a system to easily identify what sling belongs to what lift. All applicable internal policies relating to transfers were be examined by ADON, DON, or designee before staff training began so that all staff were informed of any changes. With this plan by the end of day 08/18/22 there was no posing danger to current	

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F 689	Continued From page 3 out of bed on day shift. Use Hoyer lift (full body lift) to get into bed if needed. May use EZ-stand with assist of 2 staff with toileting. If (R1) is not standing in the EZ-stand appropriately use Hoyer lift and two assist. R1's care plan did not identify an EZ-stand harness size and leg strap, or evidence R1 could use and alternative brand of a standing lift. Further the care plan did not address what size sling would be used with the Hoyer or if another brand of full body lift was appropriate. There was no indication in the medical record a comprensive assessment was completed to determine which mechanical lift including sling/harness R1 required to ensure they were safe during these transfers. R1's nursing progress note, dated, 8/12/2022, identified a nurse was called to R1's room. When nurse arrived, R1 was on the EZ-stand mechanical lift hanging and her right leg was off the platform, knee on the platform. R1's face was red and turning bluish and was placed onto the toilet. Resident was responsive, talking and having back, right knee, bilateral armpit, and bilateral arm pain. Resident unable to rate (pain) she just kept saying it hurts. A nursing assistant (NA) was transferring her with EZ stand and R1's knees buckled and was hanging from the lift belt. Sent to ER for evaluation, left at 3:55 pm by ambulance. Corresponding incident report dated 8/12/22, identified the aforementioned and noted a bruise forming on R1's left wrist. R1's MD visit note, dated 8/17/22, identified visit was for a follow-up following R1's hospital stay and noted the mechanical lift incident that occurred on 8/12/22, that resulted in T9 (thoracic) wedge compression fracture. R1 was placed in a	F 689	residents as they were all assessed and properly care planned as to the correct lift and sling that should be used. Specifics as to what was done regarding the lifts and residents care plans include... 1) On or before 8/19/22, ADON and delegates assessed the hoyer and sit-to-stand lifts in use in facility for: -working properly per manufacturer guidelines -working emergency stops -appropriate slings available for each lift -Any mechanical lifts which were noted to be not in working order or for which there are not appropriate slings with manufacturer guidelines were pulled from the floor and will not be utilized until concerns are resolved. 2) On or before 8/19/22, ADON and delegates along with PT/OT and restorative nursing assessed each resident who uses a mechanical lift and completed a comprehensive lift assessment. This assessment was documented in resident chart and updated information in care plan/Kardex to include: How resident transfers, how many staff to assist with transfer, and if mechanical lift to be utilized. If mechanical lift to be utilized, care plan and assessment clarified and specified to include lift name and sling size. 3) On or before 8/19/22, ADON and delegates created a Competency	

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F 689	Continued From page 4 brace. During an interview on 8/16/22, at 5:19 p.m. NA-A verified he was the aide that had transferred R1 with the EZ-stand by himself which resulted in R1's fall. NA-A indicated R1 had been on the toilet, had put the harness around her and did not use the leg strap. When R1 was in a standing position she said "oh oh there goes my knee." Her right leg got weak, her body weight brought her down, she ended up on her right knee on the platform. NA-A then called for help on the walkie, two nurses and NA-D arrived, got her back on the toilet, then used a full body lift to get her into bed. NA-A stated he knew R1's care plan said she was supposed to transfer with two-assist, however he was trained to use one with standing and full body lifts. NA-A indicated on some days R1 was more fatigued he used full body lift which which ocurred a few times in the past few months. NA-A indicated he had been a nursing assistant for about 6 months and was not certified. He identified the facility's orientation/training consisted of following another NA trainer, that "signed off" on everything. NA-A did not recall taking a test for the mechanical lifts. During an interview on 8/16/22, at 4:22 p.m. nursing assistant (NA)-B stated she worked the day of R1's fall. NA-B explained NA-A was transferring R1 from the toilet with the EZ-stand by himself. R1 was supposed to be assisted by two staff because she did not do well on the EZ-stand. NA-B thought R1 should have been a full body lift. NA-B stated NA-A used the walkie to call for help for R1. When she got there, R1 was hanging with her foot off the platform and her face turning purple. R1's right knee had buckled and the lift's leg strap was not used. We got her	F 689	Assessment which included assessment for the following criteria: Functions of mobile lift, Features of mobile lift, sling management, each hoyer available, each sit to stand lift available, troubleshooting, charging system, and cleaning/sanitizing of machine(s). All direct care nursing staff were informed they needed to complete this competency prior to beginning work on the floor their next scheduled shift. ADON and delegates completed competencies on staff scheduled 8/18, 8/19, and subsequent dates. This competency assessment will also be included in new orientation packets for new employees and ADON or designee will ensure new employees complete this prior to the end of their training period. 4) By 9/16/22 EVS director will create comprehensive checklist for maintenance checks on each mechanical lift utilized in facility to be used with monthly maintenance checks, in accordance with manufacturer guidelines. 5) By 9/16/22 EVS director will ensure that each mechanical lift has a laminated copy of the user manual with manufacturer guidelines attached to each lift for reference. 6) On August 30th audit tools were created for ADON or delegates to complete assessment/audits of mechanical lift use. Designees completed these audits each shift x1 week, then daily x1 week and provided reeducation as needed if concerns noted. ADON will	

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F 689	Continued From page 5 on the toilet and then used a Hoyer to get her into the bed. During an interview on 8/16/22, at 4:30 p.m. NA-C indicated R1 was supposed to use a standing lift with two staff because R1 could barely stand for 5 seconds; R1 would tell us "I can't do this put me down." R1 should have been a full body lift. NA-C stated if there were concerns with transfers, we would report to the nurse and was unaware if nurses were notified R1 had not been tolerating transfers. NA-C confirmed she worked on 8/12/22. NA-C stated NA-A had attempted to transfer R1 by himself. When she arrived in R1's room, R1 was hanging in the lift, and dangling by her armpits by the lift sling. NA-C indicated the lift was lowered and R1 was assisted to the toilet. During an interview on 8/17/22, at 2:36 p.m. NA-C stated we used the harness that was over the machine for R1. During an interview on 8/16/22, at 4:45 p.m. licensed practical nurse (LPN)-A stated R1 was transferred with two assist with a standing lift. LPN-A had never been notified or had heard R1 was weak or not tolerating the standing lift. LPN-A stated she was working at the time of R1's incident. When LPN-A arrived to R1's room, NA-A was standing there, he had not lowered the lift at all. R1's knees were on the platform, her face was purple looking, she was hanging onto the lift grab bars and not bearing any weight, her right leg was kind of sideways, the leg strap was not on, all her weight was being supported by her armpits and the harness. Staff lowered the lift to remove some of the pressure from R1's upper body. LPN-A explained it took three staff to get R1 back onto the toilet. LPN-A stated after the incident, she informed NA-A that R1 transferred	F 689	continue to assign audits at random until 100% compliance is met. All audits will be brought to the following quarterly QAPI for interdisciplinary team review.	

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F 689	Continued From page 6 with two assist and director of nursing (DON) did verbal coaching with NA-A the same day. That night LPN-A told the aides that they could not do any transfers without a nurse present. LPN-A indicated she had not looked at the harness that had been used on R1 or completed any transfer assessments to determine what lift or harness should be used based on her tranfer ability. During an interview on 8/16/22, at 5:28 p.m. LPN-B stated R1 was a two person assist with EZ-stand because she is heavier and has week knees. LPN-B explained she sometimes helped with R1's transfers "she does ok with it, she can't stand too long on it [mechanical lift] is what I know." LPN-A indicated she had not heard of any concerns with R1 and the mechanical lift. During an interview on 8/17/22, at 11:07 a.m. physical therapist (PT) stated the last time therapy assessed R1 for transfers was during the period of 8/19/21 to 9/13/21. At that time, we recommended her to be a two person assist with the Ez-stand and a Hoyer lift for getting out of bed. The reasoning for a two person was mainly R1's ability to follow instructions. PT was unaware of any changes since the recommendation was made. PT stated that they do not routinely assess residents for mechanical lifts unless nursing identified a problem. PT stated she did not hear anything about a decline in R1's transfer status prior to her fall. When R1 got back from the hospital we did not assess R1 because R1 was at her prior ADL level and did not feel the need to re-evaluate her. PT indicated she did not have a progrness note confiirming this, but verbally told the DON. PT stated nursing had changed her to two person assist with a Hoyer even though her ADL status had not changed. PT indicated an	F 689		

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F 689	Continued From page 7 unawareness of what criteria nursing used to determine R1 was appropriate for a full body lift. PT stated when therapy evaluated residents the recommendations would be given to the nurse. During an interview on 8/17/22, at 11:26 a.m. DON verified R1's care plan directed two assist was not followed. DON stated her fall investigation consisted of interviewing LPN-A, LPN-B, and NA-A. DON verified she did not interview the other staff present, did not investigate if the correct mechanical lift and lift harness was used. DON confirmed R1's care plan did not identify size of harness R1 required, did not identify an alternative brand of standing lift, and did not address sling size for full body lift. DON assumed the cause of the incident was that R1 became weak and her knee buckled. DON stated, another aide will train in a new aide, then they perform an orientation checklist. the NA's competencies are signed off by the charge nurse or myself. The charge nurse is requied to visualize the competency for transfers with a mechanical device. DON indicated the training checklist does not identify which lift was used and was unaware if competency testing was completed for each brand of mechanical lifts. During an observation and interview on 8/17/22, at 12:30 p.m. DON walked to the mechanical lift storage room. There was one EZ-stand and one Invacare, that were both standing mechanical lift. DON indicated the Invacare was a bariatric lift and did not have the leg strap. DON stated she did not know which lift or harness R1 had a fall from. During an observation and interview on 8/17/22, at 12:41 p.m. LPN-B walked to the mechanical lift	F 689		

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F 689	Continued From page 8 storage room, stated R1 was in the Invacare lift when the fall ocurred (8/12/22). LPN-B was not sure which harness was used that day but pointed to a blue extra-large harness with a letter 'I' printed on it with black marker. LPN-B indicated there was not an instruction manual or anything on the lift that would indicate the size of harness a resident would need. LPN-B stated she would not know what size for sure to use for R1 for a safe transfer. The storage room was searched and LPN-B was unable to find another sling for the Invacare lift. During an interivew on 8/17/22, at 1:14 p.m. NA-A, the aide that had transferred R1 on 8/12/22 identiifed he was unware of the brand name of the lift that he used but it was the only one that had a remote control that opened and closed the legs and it did not have the leg strap. NA-A stated he used the "green EZ-stand harness." NA-A stated he was pretty sure he used the right harness because it was the one laying over the lift, so it should have been the right one. During an observation and interview on 8/17/22, at 1:56 p.m. NA-F stated R1 routinely used the Invacare lift with the green EZ-stand harness and did not use EZ-stand lift for R1's transfers. NA-F attached the blue extra-large harness to the Invacare lift. Physical therapy assistant (PTA)-A told us that would be way too big for R1, it would not even hold her up. Then NA-F attached the green large EZ-stand harness to see if there was a difference; NA-F stated when they used this one on R1 it was way too small for her. During an interview on 8/19/22, at 3:02 p.m. RA-B stated, the lift that R1 fell out of was the Best Care brand sit to stand lift. RA-B verfied that was	F 689		

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F 689	Continued From page 9 the only sit to stand lift with a remote to close and open the legs on it. RA-B stated the two lifts were very similar and may have been why staff were confused on which lift R1 fell from. We have taken them both out of circulation until we can get the maunfacturer instructions and get the right slings for them. R2 R2's significant change, MDS assessment, dated 8/1/22, identified R2's cognition was intact, required assist of one staff with transfers and did not walk. Further indicated that R2 was unsteady and only able to stabilize with human assistance with moving from a seated to standing position, moving on and off the toilet and with a surface-to-surface transfer. R2's care plan dated 8/18/22 identified R2 required assist of one staff for transfers with an EZ-stand lift. The care plan did not identify what EZ-stand harness size or leg strap usage, or identify if R2 could use an alternative brand lift. There is no indication in the medical record a comprensive assessment was completed to determine which mechanical lift including harness R2 required. R3 R3's significant change, MDS assessment, dated 8/1/22, indicated that R3 had severe cognitive impairment, required assist of two staff with transfers and did not walk. Further indicated that R3 was unsteady and only able to stabilize with human assistance with moving from seated to standing position, moving on and off the toilet and with a surface-to-surface transfer. R3's care plan, dated 8/10/22, identified R3 required assist of two staff for transfers with an EZ-stand lift. The	F 689		

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F 689	Continued From page 10 care plan did not identify what EZ-stand harness size or leg strap usage, or identify if R3 could use an alternative brand lift. There is no indication in the medical record a comprensive assessment was completed to determine which mechanical lift including harness R3 required. R5 R5's annual, MDS assessment, dated 7/13/22, indicated that R5 had severe cognitive impairment, required total dependence of two staff with transfers and did not walk. R5's care plan dated 8/18/22, identified R5 required assist of two staff for transfers with the Hoyer lift and did not identify what size sling to be used. R5's record lacked a comprehensive transfer assessment that identified what brand of lift and sling size was appropriate for R5. The care plan did not identify what Hoyer (EZ-way brand) sling R5 required and did not identify if R3 could use an alternative brand lift. There is no indication in the medical record a comprensive assessment was completed to determine which mechanical lift including sling size R5 required. R6 R6's admission, MDS assessment, dated 8/15/22, indicated that R6 had intact cognition, required total dependence of two staff with transfers and did not walk. R6's care plan, dated 8/10/22, identified R6 required assist of two staff for transfers with the Hoyer lift, did not identify what size sling to be used. R6's record lacked comprehensive transfer assessment that identified what brand of lift and sling size was	F 689		

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F 689	Continued From page 11	F 689		

appropriate for R6. The care plan did not identify what Hoyer sling R6 required and did not identify if R could use an alternative brand lift.

There is no indication in the medical record a comprensive assessment was completed to determine which mechanical lift including sling size R6 required.

During an interview on 8/17/22, at 1:00 p.m. restorative aide (RA)-B verified resident care plans did not include the brand of lift to use or sling/harness size. RA-A and RA-B both verified that the Invacare harness do not have weights that correspond to each size. They would have no way of really knowing which harness to use other than to guess.

During an interview on 8/17/22, at 1:54 p.m. physical therapy assistant (PTA)-A verified the Invacare lift was bariatric and would be safe to use for R1 as she was heavier. PTA-A stated the newer facility lift machines did not have a leg strap on them, the shin guard was flatter, and there was no incline on the platform, it was flat. PTA-A stated it was not safe to mix different harness/sling brands with different lift brands because the size/shape could vary between brands. PTA-A was not able to articulate which harness R1 would use with the Invacare lift or if it would be appropriate because R1 had to be assessed for that lift. Since there was only the blue extra-large harness in the facility that was too big, so an assessment could not be done. PTA-A further stated, when therapy assessed patients, they always used the EZ-stand brand, and had never worked with the Invacare lift. PTA-A confirmed there was no booklet attached to the machine or any instructions on the lift that

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F 689	Continued From page 12 identified what size harness a resident would require to use with that lift. PTA-A expected the leg strap to be used for transfers with the EZ-stand unless therapy specifically recommended the resident did not need one. Therapy did not specifically recommend sling/harness sizes. PTA-A was not aware staff were using multiple different brands of sit-to-stand and full body lifts and indicated residents would have to be assessed for appropriateness. During an interview on 8/17/22, at 2:14 p.m. RA-A stated they had five sit to stand lifts in the building and they were all different. RA-A stated we were having problems last month with knowing what slings to use with which full body lift. RA-A and RA-B had marked all the slings that go to each lift. During an interview on 8/17/22, at 2:40 p.m. the ADON stated she was not aware therapy was only using the EZ-Way brand lifts for residents that require the use of mechanical lifts and each lift a resident used would require an assessment. ADON indicated therapy did not recommend size of sling/harness and nursing was not completing assessments to determine appropriate size. She was not aware how or who was determining appropriate sizes of slings/harnesses. ADON verified they did not have any formal process to complete mechanical lift transfer assessments. ADON stated none of the care plans for those residents identified sling/harness size and which brand of lift staff should use. During an interview on 8/19/22, at 2:19 p.m. DON and ADON verified they were aware of the confusion the staff were having with what slings	F 689		

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F 689	Continued From page 13 to use with what specific type of mechanical lifts. Restorative nursing staff informed us sometime in July, 2022. DON stated we communicated and educated staff on what specific slings to use for the full body lifts to the staff on July 18, 2022. They had each sling embroidered. The harnesses for the standing lifts were not done because they were made out of a different material and could not be embroidered. Facility nursing communication "Reminder," dated 7/18/22, identified. they currently have a few different kind of Hoyer (full body) Lifts. Each lift requires different types of slings for resident safety. Most of the slings have embroidered letter that indicates what machine it is to be used with. Please bear with us as we are still in the process of getting them all embroidered. It goes on to describe each type of full body lift and the proper sling that belongs to it. The brands listed included, Tolos, Pal, EZ-Way, Volaro, and the purple Hoyer lift. This memo did not address assessments, sizing for each sling brand, nor sit to stand lifts and harnesses. During a phone interview on 8/19/22, at 11:18 a.m. Invacare customer service representative (CSR) stated for the Invacare bariatric sit to stand lift, we do not recommend using other slings from other manufacturers as we have not tested them with our lifts. We would not know what would happen. We have two types of slings. One sling wraps around the patient's waist for patients that can bear full weight. The second type of sling we have crosses around the waist and the legs, this sling is for patients who cannot bear full weight or have weak legs. Sizing has to be assessed by a trained clinician, this would entail measurements of the waiste and legs etc;	F 689		

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F 689	Continued From page 14 our clinicians are specially trained for this. There should be maintenance done yearly that would be indicated in the owner's manual. The facility did not have a policy/procedure for mechanical lift transfers. The EZ Way stand manufacturer's operating manual included, Safety Notes: EZ Way harnesses are made specifically for EZ Way stands. For the safety of the patient and caregiver, only EZ Way harnesses should be used with EZ Way stands. The manual also directed the following: -For safe operation of the EZ Way Smart Stand®, operators should watch the training video, read through this manual, complete the competency checklist, and practice on fellow staff members before use with patients - Patients should be able to bear some weight, have upper body strength and be able to follow simple commands. If a patient does not meet each of these criteria, and EZ Way total body lift must be used. -Harness selection: EZ Way harnesses are designed to be applied or removed with minimum amount of handling of patient. As patients vary in size, shape, and weight these conditions must be taken into consideration when deciding which EZ Way harness and accessories are suitable for each patient's needs. - As patients do vary in size, shape, weight, and temperament, these conditions must be taken into consideration when deciding if the EZ Way Stand in suitable for their needs. -Based on the patient's condition two caregivers may be necessary to use the lift safely. -The manual also included directions on how to	F 689		

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F 689	Continued From page 15 position the shin pad and directed to position the patients shins into the shin pad below the knees. The manual directed, "Use of Shin Pad Strap: if a caregiver deems it necessary to keep a patient's shins or feet on the foot plate, secure the shin strap around the patient's legs. Invacare Lift mannual included: "ACCESSORIES WARNING Invacare products are specifically designed and manufactured for use in conjunction with Invacare accessories. Accessories designed by other manufacturers have not been tested by Invacare and are not recommended for use with Invacare products." -Invacare slings are made specifically for use with Invacare lifts. For the safety of the patient, DO NOT intermix slings and lifts of different manufacturers. -Thoroughly read the instructions in this owner ' s manual, observe a trained team of experts perform the lifting procedures and then perform the entire lift procedure several times with proper supervision and a capable individual acting as a patient. Bestcare Sit to Stand manufacturer's manual included: "WARNING! Using accessories, detachable parts, or materials not described in the instruction manual MAY RESULT IN SERIOUS INJURIES." Manual also included: -Select a sling that is both practical and comfortable. The sling selected should be one that serves the needs of the patient, while providing the patient with optimal safety. Try the sling straps in various color positions to establish best fit. Always insure the same color straps on each side are attached to lift.	F 689		

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PRAIRIE MANOR CARE CENTER	220 THIRD STREET NORTHWEST BLOOMING PRAIRIE, MN 55917

(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	Continued From page 16 Should patients have a larger girth in mid section or back side area try the optional buttock strap to help with initial lift leverage. Facility document, "Person Centered Care Plan," undated, identified the policy is to develop a plan of care for every resident at Prairie Manor Care Center to ensure care is given according to resident needs and preference. The immediate jeopardy that began on 8/12/22, was removed on 8/19/22, when it was verified the facility completed the following: -Policy and procedures were reviewed; a new policy for transfers was developed and implemented. -Transfer assessment tool was developed and implemented. -All residents who utilized mechanical lifts were comprehensively assessed for appropriate lift type/brand and the care plans were revised. -All nurses were provided with education on completing transfer assessments. All facility nursing staff were provided education on all the lifts and sling/harness and completed return demonstrations.	F 689		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 6, 2022

Administrator
Prairie Manor Care Center
220 Third Street Northwest
Blooming Prairie, MN 55917

Re: State Nursing Home Licensing Orders
Event ID: IZ4V11

Dear Administrator:

The above facility was surveyed on August 16, 2022 through August 19, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the

"Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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

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

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

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

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

Please feel free to call me with any questions.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00650	A. BUILDING: _____ B. WING _____	08/19/2022

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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 8/16/22, 8/17/22, 8/18/22, and 8/19/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date	2 000		

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2 000	Continued From page 1 when they will be completed. The following complaint was found to be SUBSTANTIATED: H54824010C (MN85953), with a licensing order issued at 0830. The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		

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2 000	Continued From page 2 PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure manufacturer recommendations were followed for a mechanical lift transfers and failed to a comprehensive assessment residents safety when using a mechanical lift. This resulted in immediate jeopardy (IJ) for R1 who used an incorrect harness, had limited ability to bear weight and became suspended in the lift resulting in a T9 spinal fracture. In addition the facility failed to comprehensivly assess safe transfers for appropriate brand of mechanical lift,	2 830	To extinguish the possibility of a lift/transfer injury Prairie Manor did system changes and started training staff by 08/18/2022. All staff involved with direct cares to residents (LPN□s, RN□s, CNA□s) were trained. Specifically, each CNA was shown proper use of each lift and received copies of any policy changes. CNAs were told during a malfunction or issue during transfer to immediately lower the resident. LPN□s and RN□s were shown where to enter a	9/16/22

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2 830	Continued From page 3 harness/sling size and type to ensure safe transfers for 4 of 12 residents (R2, R3, R5, R6) that used a mechanical lift. The IJ began on 8/12/22, at 3:15 p.m. when facility staff did not use two staff to transfer R1 in accordance with the care plan, used incorrect lift harness that resulted in R1 to hang from the lift by her underarms resulting in spinal fracture. The administrator and assistant director of nursing (ADON) were notified of the IJ on 8/17/22, at 4:18 p.m. The IJ was removed on 8/19/22, at 4:30 p.m., but non compliance remained at a lower scope and severity of an D with no actual harm with potential for more than minimal harm that was not immediate jeopardy. Findings include: During an interview on 8/17/22, at 1:00 p.m. restorative aide (RA)-B identified the facility had five (5) brands of sit-to-stand mechanical lifts; Invacare -bariatric lift, (2 different models) EZ-Way or EZ-stand, Volaro, Best Care, and a Pro-Assist. On 8/22/22, at 3:00 p.m. RA-B identified the facility had brands of full body lifts; The Tolos (bariatric), PAL, EZ-Way (Hoyer),Volaro, and PURPLE. R1's face sheet indicated a diagnosis of dementia and a history of an upper and lower end right fibula fracture. R1's quarterly Minimum Data Set (MDS) dated 8/3/22, identified R1 had severe cognitive impairment and required extensive assist of two persons for transfers where staff provide non weight bearing support. R1 did not walk and used a wheelchair for mobility.	2 830	residents lift information in our EHR after therapy and restore has done their comprehensive assessment. All CNA□s have access to the care plans. Everyone was trained what slings belong to which lifts so there is no accidental mixing. If a staff members training was not completed by 08/18/22 they received it before they started their next shift. Training was conducted by ADON, restorative supervisor or designee. By 08/18/22 all residents currently using lifts were examined by ADON and Restorative RN to determine the correct lifts and slings to use based on their comprehensive assessment and manufacturer recommendations. Results were entered into their care plans. New admits will be examined by therapy upon admission and relay to restorative what their transfer status will be (ie. 2 person Hoyer). From there restorative RN will determine what specific lift and sling to use based on therapies comprehensive assessment and manufacturers recommendations and get this information on the resident□s care plan themselves or have nursing do it. In addition, it will be entered what backup lift or sling will be used if the first is unavailable. Every sling in the building will be embroidered using a system to easily identify what sling belongs to what lift. All applicable internal policies relating to transfers were be examined by ADON, DON, or designee before staff training	

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2 830	Continued From page 4 R1's care plan for transfers prior to revision on 8/15/22, identified that R1 transferred with 2 assist and the use of EZ-stand for transfers to get out of bed on day shift. Use Hoyer lift (full body lift) to get into bed if needed. May use EZ-stand with assist of 2 staff with toileting. If (R1) is not standing in the EZ-stand appropriately use Hoyer lift and two assist. R1's care plan did not identify an EZ-stand harness size and leg strap, or evidence R1 could use and alternative brand of a standing lift. Further the care plan did not address what size sling would be used with the Hoyer or if another brand of full body lift was appropriate. There was no indication in the medical record a comprensive assessment was completed to determine which mechanical lift including sling/harness R1 required to ensure they were safe during these transfers. R1's nursing progress note, dated, 8/12/2022, identified a nurse was called to R1's room. When nurse arrived, R1 was on the EZ-stand mechanical lift hanging and her right leg was off the platform, knee on the platform. R1's face was red and turning bluish and was placed onto the toilet. Resident was responsive, talking and having back, right knee, bilateral armpit, and bilateral arm pain. Resident unable to rate (pain) she just kept saying it hurts. A nursing assistant (NA) was transferring her with EZ stand and R1's knees buckled and was hanging from the lift belt. Sent to ER for evaluation, left at 3:55 pm by ambulance. Corresponding incident report dated 8/12/22, identified the aforementioned and noted a bruise forming on R1's left wrist. R1's MD visit note, dated 8/17/22, identified visit was for a follow-up following R1's hospital stay	2 830	began so that all staff were informed of any changes. With this plan by the end of day 08/18/22 there was no posing danger to current residents as they were all assessed and properly care planned as to the correct lift and sling that should be used. Specifics as to what was done regarding the lifts and residents care plans include... 1) On or before 8/19/22, ADON and delegates assessed the hoyer and sit-to-stand lifts in use in facility for: -working properly per manufacturer guidelines -working emergency stops -appropriate slings available for each lift -Any mechanical lifts which were noted to be not in working order or for which there are not appropriate slings with manufacturer guidelines were pulled from the floor and will not be utilized until concerns are resolved. 2) On or before 8/19/22, ADON and delegates along with PT/OT and restorative nursing assessed each resident who uses a mechanical lift and completed a comprehensive lift assessment. This assessment was documented in resident chart and updated information in care plan/Kardex to include: How resident transfers, how many staff to assist with transfer, and if mechanical lift to be utilized. If mechanical lift to be utilized, care plan and assessment clarified and specified to include lift name and sling size.	

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2 830	Continued From page 5 and noted the mechanical lift incident that occurred on 8/12/22, that resulted in T9 (thoracic) wedge compression fracture. R1 was placed in a brace. During an interview on 8/16/22, at 5:19 p.m. NA-A verified he was the aide that had transferred R1 with the EZ-stand by himself which resulted in R1's fall. NA-A indicated R1 had been on the toilet, had put the harness around her and did not use the leg strap. When R1 was in a standing position she said "oh oh there goes my knee." Her right leg got weak, her body weight brought her down, she ended up on her right knee on the platform. NA-A then called for help on the walkie, two nurses and NA-D arrived, got her back on the toilet, then used a full body lift to get her into bed. NA-A stated he knew R1's care plan said she was supposed to transfer with two-assist, however he was trained to use one with standing and full body lifts. NA-A indicated on some days R1 was more fatigued he used full body lift which which ocurred a few times in the past few months. NA-A indicated he had been a nursing assistant for about 6 months and was not certified. He identified the facility's orientation/training consisted of following another NA trainer, that "signed off" on everything. NA-A did not recall taking a test for the mechanical lifts. During an interview on 8/16/22, at 4:22 p.m. nursing assistant (NA)-B stated she worked the day of R1's fall. NA-B explained NA-A was transferring R1 from the toilet with the EZ-stand by himself. R1 was supposed to be assisted by two staff because she did not do well on the EZ-stand. NA-B thought R1 should have been a full body lift. NA-B stated NA-A used the walkie to call for help for R1. When she got there, R1 was hanging with her foot off the platform and her	2 830	3) On or before 8/19/22, ADON and delegates created a Competency Assessment which included assessment for the following criteria: Functions of mobile lift, Features of mobile lift, sling management, each hoyer available, each sit to stand lift available, troubleshooting, charging system, and cleaning/sanitizing of machine(s). All direct care nursing staff were informed they needed to complete this competency prior to beginning work on the floor their next scheduled shift. ADON and delegates completed competencies on staff scheduled 8/18, 8/19, and subsequent dates. This competency assessment will also be included in new orientation packets for new employees and ADON or designee will ensure new employees complete this prior to the end of their training period. 4) By 9/16/22 EVS director will create comprehensive checklist for maintenance checks on each mechanical lift utilized in facility to be used with monthly maintenance checks, in accordance with manufacturer guidelines. 5) By 9/16/22 EVS director will ensure that each mechanical lift has a laminated copy of the user manual with manufacturer guidelines attached to each lift for reference. 6) On August 30th audit tools were created for ADON or delegates to complete assessment/audits of mechanical lift use. Designees completed these audits each shift x1 week, then daily	

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2 830	Continued From page 6 face turning purple. R1's right knee had buckled and the lift's leg strap was not used. We got her on the toilet and then used a Hoyer to get her into the bed. During an interview on 8/16/22, at 4:30 p.m. NA-C indicated R1 was supposed to use a standing lift with two staff because R1 could barely stand for 5 seconds; R1 would tell us "I can't do this put me down." R1 should have been a full body lift. NA-C stated if there were concerns with transfers, we would report to the nurse and was unaware if nurses were notified R1 had not been tolerating transfers. NA-C confirmed she worked on 8/12/22. NA-C stated NA-A had attempted to transfer R1 by himself. When she arrived in R1's room, R1 was hanging in the lift, and dangling by her armpits by the lift sling. NA-C indicated the lift was lowered and R1 was assisted to the toilet. During an interview on 8/17/22, at 2:36 p.m. NA-C stated we used the harness that was over the machine for R1. During an interview on 8/16/22, at 4:45 p.m. licensed practical nurse (LPN)-A stated R1 was transferred with two assist with a standing lift. LPN-A had never been notified or had heard R1 was weak or not tolerating the standing lift. LPN-A stated she was working at the time of R1's incident. When LPN-A arrived to R1's room, NA-A was standing there, he had not lowered the lift at all. R1's knees were on the platform, her face was purple looking, she was hanging onto the lift grab bars and not bearing any weight, her right leg was kind of sideways, the leg strap was not on, all her weight was being supported by her armpits and the harness. Staff lowered the lift to remove some of the pressure from R1's upper body. LPN-A explained it took three staff to get R1 back onto the toilet. LPN-A stated after the	2 830	x1 week and provided reeducation as needed if concerns noted. ADON will continue to assign audits at random until 100% compliance is met. All audits will be brought to the following quarterly QAPI for interdisciplinary team review.	

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2 830	Continued From page 7 incident, she informed NA-A that R1 transferred with two assist and director of nursing (DON) did verbal coaching with NA-A the same day. That night LPN-A told the aides that they could not do any transfers without a nurse present. LPN-A indicated she had not looked at the harness that had been used on R1 or completed any transfer assessments to determine what lift or harness should be used based on her tranfer ability. During an interview on 8/16/22, at 5:28 p.m. LPN-B stated R1 was a two person assist with EZ-stand because she is heavier and has week knees. LPN-B explained she sometimes helped with R1's transfers "she does ok with it, she can't stand too long on it [mechanical lift] is what I know." LPN-A indicated she had not heard of any concerns with R1 and the mechanical lift. During an interview on 8/17/22, at 11:07 a.m. physical therapist (PT) stated the last time therapy assessed R1 for transfers was during the period of 8/19/21 to 9/13/21. At that time, we recommended her to be a two person assist with the Ez-stand and a Hoyer lift for getting out of bed. The reasoning for a two person was mainly R1's ability to follow instructions. PT was unaware of any changes since the recommendation was made. PT stated that they do not routinely assess residents for mechanical lifts unless nursing identified a problem. PT stated she did not hear anything about a decline in R1's transfer status prior to her fall. When R1 got back from the hospital we did not assess R1 because R1 was at her prior ADL level and did not feel the need to re-evaluate her. PT indicated she did not have a progrness note confiirming this, but verbally told the DON. PT stated nursing had changed her to two person assist with a Hoyer even though her ADL status had not changed. PT indicated an	2 830		

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2 830	Continued From page 8 unawareness of what criteria nursing used to determine R1 was appropriate for a full body lift. PT stated when therapy evaluated residents the recommendations would be given to the nurse. During an interview on 8/17/22, at 11:26 a.m. DON verified R1's care plan directed two assist was not followed. DON stated her fall investigation consisted of interviewing LPN-A, LPN-B, and NA-A. DON verified she did not interview the other staff present, did not investigate if the correct mechanical lift and lift harness was used. DON confirmed R1's care plan did not identify size of harness R1 required, did not identify an alternative brand of standing lift, and did not address sling size for full body lift. DON assumed the cause of the incident was that R1 became weak and her knee buckled. DON stated, another aide will train in a new aide, then they perform an orientation checklist. the NA's competencies are signed off by the charge nurse or myself. The charge nurse is requied to visualize the competency for transfers with a mechanical device. DON indicated the training checklist does not identify which lift was used and was unaware if competency testing was completed for each brand of mechanical lifts. During an observation and interview on 8/17/22, at 12:30 p.m. DON walked to the mechanical lift storage room. There was one EZ-stand and one Invacare, that were both standing mechanical lift. DON indicated the Invacare was a bariatric lift and did not have the leg strap. DON stated she did not know which lift or harness R1 had a fall from. During an observation and interview on 8/17/22, at 12:41 p.m. LPN-B walked to the mechanical lift storage room, stated R1 was in the Invacare lift	2 830		

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2 830	Continued From page 9 when the fall ocurred (8/12/22). LPN-B was not sure which harness was used that day but pointed to a blue extra-large harness with a letter 'I' printed on it with black marker. LPN-B indicated there was not an instruction manual or anything on the lift that would indicate the size of harness a resident would need. LPN-B stated she would not know what size for sure to use for R1 for a safe transfer. The storage room was searched and LPN-B was unable to find another sling for the Invacare lift. During an interivew on 8/17/22, at 1:14 p.m. NA-A, the aide that had transferred R1 on 8/12/22 identiifed he was unware of the brand name of the lift that he used but it was the only one that had a remote control that opened and closed the legs and it did not have the leg strap. NA-A stated he used the "green EZ-stand harness." NA-A stated he was pretty sure he used the right harness because it was the one laying over the lift, so it should have been the right one. During an observation and interview on 8/17/22, at 1:56 p.m. NA-F stated R1 routinely used the Invacare lift with the green EZ-stand harness and did not use EZ-stand lift for R1's transfers. NA-F attached the blue extra-large harness to the Invacare lift. Physical therapy assistant (PTA)-A told us that would be way too big for R1, it would not even hold her up. Then NA-F attached the green large EZ-stand harness to see if there was a difference; NA-F stated when they used this one on R1 it was way too small for her. During an interview on 8/19/22, at 3:02 p.m. RA-B stated, the lift that R1 fell out of was the Best Care brand sit to stand lift. RA-B verfied that was the only sit to stand lift with a remote to close and open the legs on it. RA-B stated the two lifts	2 830		

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2 830	Continued From page 10 were very similar and may have been why staff were confused on which lift R1 fell from. We have taken them both out of circulation until we can get the maunfacturer instructions and get the right slings for them. R2 R2's significant change, MDS assessment, dated 8/1/22, identified R2's cognition was intact, required assist of one staff with transfers and did not walk. Further indicated that R2 was unsteady and only able to stabilize with human assistance with moving from a seated to standing position, moving on and off the toilet and with a surface-to-surface transfer. R2's care plan dated 8/18/22 identified R2 required assist of one staff for transfers with an EZ-stand lift. The care plan did not identify what EZ-stand harness size or leg strap usage, or identify if R2 could use an alternative brand lift. There is no indication in the medical record a comprensive assessment was completed to determine which mechanical lift including harness R2 required. R3 R3's significant change, MDS assessment, dated 8/1/22, indicated that R3 had severe cognitive impairment, required assist of two staff with transfers and did not walk. Further indicated that R3 was unsteady and only able to stabilize with human assistance with moving from seated to standing position, moving on and off the toilet and with a surface-to-surface transfer. R3's care plan, dated 8/10/22, identified R3 required assist of two staff for transfers with an EZ-stand lift. The care plan did not identify what EZ-stand harness size or leg strap usage, or identify if R3 could use an alternative brand lift.	2 830		

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2 830	Continued From page 11 There is no indication in the medical record a comprensive assessment was completed to determine which mechanical lift including harness R3 required. R5 R5's annual, MDS assessment, dated 7/13/22, indicated that R5 had severe cognitive impairment, required total dependence of two staff with transfers and did not walk. R5's care plan dated 8/18/22, identified R5 required assist of two staff for transfers with the Hoyer lift and did not identify what size sling to be used. R5's record lacked a comprehensive transfer assessment that identified what brand of lift and sling size was appropriate for R5. The care plan did not identify what Hoyer (EZ-way brand) sling R5 required and did not identify if R3 could use an alternative brand lift. There is no indication in the medical record a comprensive assessment was completed to determine which mechanical lift including sling size R5 required. R6 R6's admission, MDS assessment, dated 8/15/22, indicated that R6 had intact cognition, required total dependence of two staff with transfers and did not walk. R6's care plan, dated 8/10/22, identified R6 required assist of two staff for transfers with the Hoyer lift, did not identify what size sling to be used. R6's record lacked comprehensive transfer assessment that identified what brand of lift and sling size was appropriate for R6. The care plan did not identify what Hoyer sling R6 required and did not identify if R could use an alternative brand lift.	2 830		

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2 830	Continued From page 12 There is no indication in the medical record a comprensive assessment was completed to determine which mechanical lift including sling size R6 required. During an interview on 8/17/22, at 1:00 p.m. restorative aide (RA)-B verified resident care plans did not include the brand of lift to use or sling/harness size. RA-A and RA-B both verified that the Invacare harness do not have weights that correspond to each size. They would have no way of really knowing which harness to use other than to guess. During an interview on 8/17/22, at 1:54 p.m. physical therapy assistant (PTA)-A verified the Invacare lift was bariatric and would be safe to use for R1 as she was heavier. PTA-A stated the newer facility lift machines did not have a leg strap on them, the shin guard was flatter, and there was no incline on the platform, it was flat. PTA-A stated it was not safe to mix different harness/sling brands with different lift brands because the size/shape could vary between brands. PTA-A was not able to articulate which harness R1 would use with the Invacare lift or if it would be appropriate because R1 had to be assessed for that lift. Since there was only the blue extra-large harness in the facility that was too big, so an assessment could not be done. PTA-A further stated, when therapy assessed patients, they always used the EZ-stand brand, and had never worked with the Invacare lift. PTA-A confirmed there was no booklet attached to the machine or any instructions on the lift that identified what size harness a resident would require to use with that lift. PTA-A expected the leg strap to be used for transfers with the EZ-stand unless therapy specifically recommended the resident did not need one.	2 830		

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2 830	Continued From page 13 Therapy did not specifically recommend sling/harness sizes. PTA-A was not aware staff were using multiple different brands of sit-to-stand and full body lifts and indicated residents would have to be assessed for appropriateness. During an interview on 8/17/22, at 2:14 p.m. RA-A stated they had five sit to stand lifts in the building and they were all different. RA-A stated we were having problems last month with knowing what slings to use with which full body lift. RA-A and RA-B had marked all the slings that go to each lift. During an interview on 8/17/22, at 2:40 p.m. the ADON stated she was not aware therapy was only using the EZ-Way brand lifts for residents that require the use of mechanical lifts and each lift a resident used would require an assessment. ADON indicated therapy did not recommend size of sling/harness and nursing was not completing assessments to determine appropriate size. She was not aware how or who was determining appropriate sizes of slings/harnesses. ADON verified they did not have any formal process to complete mechanical lift transfer assessments. ADON stated none of the care plans for those residents identified sling/harness size and which brand of lift staff should use. During an interview on 8/19/22, at 2:19 p.m. DON and ADON verified they were aware of the confusion the staff were having with what slings to use with what specific type of mechanical lifts. Restorative nursing staff informed us sometime in July, 2022. DON stated we communicated and educated staff on what specific slings to use for the full body lifts to the staff on July 18, 2022. They had each sling embroidered. The harnesses	2 830		

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2 830	Continued From page 14 for the standing lifts were not done because they were made out of a different material and could not be embroidered. Facility nursing communication "Reminder," dated 7/18/22, identified. they currently have a few different kind of Hoyer (full body) Lifts. Each lift requires different types of slings for resident safety. Most of the slings have embroidered letter that indicates what machine it is to be used with. Please bear with us as we are still in the process of getting them all embroidered. It goes on to describe each type of full body lift and the proper sling that belongs to it. The brands listed included, Tolos, Pal, EZ-Way, Volaro, and the purple Hoyer lift. This memo did not address assessments, sizing for each sling brand, nor sit to stand lifts and harnesses. During a phone interview on 8/19/22, at 11:18 a.m. Invacare customer service representative (CSR) stated for the Invacare bariatric sit to stand lift, we do not recommend using other slings from other manufacturers as we have not tested them with our lifts. We would not know what would happen. We have two types of slings. One sling wraps around the patient's waist for patients that can bear full weight. The second type of sling we have crosses around the waist and the legs, this sling is for patients who cannot bear full weight or have weak legs. Sizing has to be assessed by a trained clinician, this would entail measurements of the waiste and legs etc; our clinicians are specially trained for this. There should be maintenance done yearly that would be indicated in the owner's manual. The facility did not have a policy/procedure for mechanical lift transfers.	2 830		

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2 830	Continued From page 15 The EZ Way stand manufacturer's operating manual included, Safety Notes: EZ Way harnesses are made specifically for EZ Way stands. For the safety of the patient and caregiver, only EZ Way harnesses should be used with EZ Way stands. The manual also directed the following: -For safe operation of the EZ Way Smart Stand®, operators should watch the training video, read through this manual, complete the competency checklist, and practice on fellow staff members before use with patients - Patients should be able to bear some weight, have upper body strength and be able to follow simple commands. If a patient does not meet each of these criteria, and EZ Way total body lift must be used. -Harness selection: EZ Way harnesses are designed to be applied or removed with minimum amount of handling of patient. As patients vary in size, shape, and weight these conditions must be taken into consideration when deciding which EZ Way harness and accessories are suitable for each patient's needs. - As patients do vary in size, shape, weight, and temperament, these conditions must be taken into consideration when deciding if the EZ Way Stand in suitable for their needs. -Based on the patient's condition two caregivers may be necessary to use the lift safely. -The manual also included directions on how to position the shin pad and directed to position the patients shins into the shin pad below the knees. The manual directed, "Use of Shin Pad Strap: if a caregiver deems it necessary to keep a patient's shins or feet on the foot plate, secure the shin strap around the patient's legs. Invacare Lift mannual included: "ACCESSORIES	2 830		

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2 830	Continued From page 16 WARNING Invacare products are specifically designed and manufactured for use in conjunction with Invacare accessories. Accessories designed by other manufacturers have not been tested by Invacare and are not recommended for use with Invacare products." -Invacare slings are made specifically for use with Invacare lifts. For the safety of the patient, DO NOT intermix slings and lifts of different manufacturers. -Thoroughly read the instructions in this owner ' s manual, observe a trained team of experts perform the lifting procedures and then perform the entire lift procedure several times with proper supervision and a capable individual acting as a patient. Bestcare Sit to Stand manufacturer's manual included: "WARNING! Using accessories, detachable parts, or materials not described in the instruction manual MAY RESULT IN SERIOUS INJURIES." Manual also included: -Select a sling that is both practical and comfortable. The sling selected should be one that serves the needs of the patient, while providing the patient with optimal safety. Try the sling straps in various color positions to establish best fit. Always insure the same color straps on each side are attached to lift. Should patients have a larger girth in mid section or back side area try the optional buttock strap to help with initial lift leverage. Facility document, "Person Centered Care Plan," undated, identified the policy is to develop a plan of care for every resident at Prairie Manor Care Center to ensure care is given according to resident needs and preference.	2 830		

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2 830	Continued From page 17 The immediate jeopardy that began on 8/12/22, was removed on 8/19/22, when it was verified the facility completed the following: -Policy and procedures were reviewed; a new policy for transfers was developed and implemented. -Transfer assessment tool was developed and implemented. -All residents who utilized mechanical lifts were comprehensively assessed for appropriate lift type/brand and the care plans were revised. -All nurses were provided with education on completing transfer assessments. All facility nursing staff were provided education on all the lifts and sling/harness and completed return demonstrations. SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, could review/revise policies and procedures related to mechanical lifts to assure proper assessment and interventioins are being implemented. They could re-educate staff on the policies and procedures. A system for evaluating and monitoring consistent implementation of these policies could be developed, with the results of these audits being brought to the facility's Quality Assurance Committee for review. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 830		