



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 20, 2024

Administrator
South Shore Care Center
1307 South Shore Drive
Worthington, MN 56187

RE: CCN: 245596
Cycle Start Date: August 29, 2024

Dear Administrator:

On September 12, 2024, we notified you a remedy was imposed. On September 16, 2024 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of September 4, 2024.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective September 27, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of September 12, 2024, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from August 29, 2024 due to denial of payment for new admissions. Since your facility attained substantial compliance on September 4, 2024, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 20, 2024

Administrator
South Shore Care Center
1307 South Shore Drive
Worthington, MN 56187

Re: Reinspection Results
Event ID: KIM612

Dear Administrator:

On September 16, 2024 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on August 29, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted
September 12, 2024

Administrator
South Shore Care Center
1307 South Shore Drive
Worthington, MN 56187

RE: CCN: 245596
Cycle Start Date: August 29, 2024

Dear Administrator:

On August 29, 2024, survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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 28, 2024, 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 E.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location 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 27, 2024.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective September 27, 2024, (42 CFR 488.417 (b)). They will also

South Shore Care Center

September 12, 2024

Page 2

notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective November 29, 2024, (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 \$12,924; 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 August 29, 2024. 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 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, South Shore 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 29, 2024. 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, Regional Operations Supervisor, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901

South Shore Care Center

September 12, 2024

Page 4

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 March 1, 2025 (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:

Steven.Delich@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
202-795-7490

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 Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@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://forms.web.health.state.mn.us/form/NHDisputeResolution>

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,



Kamala Fiske-Downing
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division

South Shore Care Center

September 12, 2024

Page 7

Telephone: (651) 201-4112

Email: Kamala.Fiske-Downing@state.mn.us

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

PRINTED: 09/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245596	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2024
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NAME OF PROVIDER OR SUPPLIER SOUTH SHORE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1307 SOUTH SHORE DRIVE WORTHINGTON, MN 56187
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 8/27-8/29/24, 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.</p> <p>The survey resulted in an immediate jeopardy (IJ) to resident health and safety. An IJ at F689 began on 8/25/24, when R1 fell from a full body mechanical lift sustaining three fractures to his thoracic and lumbar spine as a result of staff not following manufacturers recommendations for safe transfers. The administrator, regional nurse, and director of nursing (DON), and assistant director of nursing (ADON) were notified of the IJ on 8/27/24 at 4:55 p.m. The IJ was removed on 8/28/24 at 5:00 p.m.</p> <p>The above findings constituted Substandard Quality of Care and an extended survey was conducted on 8/29/24.</p> <p>The following complaints were reviewed: H55967442C (MN00106108) with a deficiency cited at F689.</p> <p>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.</p> <p>Upon receipt of an acceptable electronic POC, an</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/13/2024
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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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 000	Continued From page 1 onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 689 SS=J	<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 interview, observation and document review the facility failed to safely use a mechanical lift per manufactures recommendations to transfer 1 of 1 resident (R1), who required a mechanical lift for transfers. This resulted in an immediate jeopardy (IJ) when R1 fell from a full body mechanical lift causing R1 to suffer three fractures to his thoracic and lumbar spine (T1, T6, and L1) requiring hopsital admission. In addition, the facility failed to ensure a system for completed comprehensive assessments for sling size and/or care plan developement and/or the care plan was followed for for 8 of 8 residents (R1, R2, R3, R5, R6, R7, R8, R9) reviewed who required full body mechanical lifts.</p> <p>The IJ began on 8/25/24 when staff failed to ensure lift sling was properly secured prior to the transfer causing R1 to fall from the mechanical lift. The administrator, regional nurse, and director of nursing (DON), and assistant director</p>	F 689	<p>R1 returned to the facility on 9/6 and had a new lift mobility assessment completed, was measured for appropriate sling size and the ADL care plan updated. A risk management incident was created, and root cause identified. All current residents who utilize mechanical lifts were all measured for the correct sling size, their lift mobility assessment reviewed and updated as needed and their care plan updated to reflect the sling size. Future residents who admit and require a mechanical lift, their lift mobility assessment will be completed, measurements will be obtained, the proper sling size given, and the care plan updated.</p> <p>All clinical staff were in-serviced on the Lift Machine Using Mechanical Lift Policy and the EZ Way Sling Color Coded Chart with emphasis on measuring weight and height, where to locate this information in</p>	9/4/24

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F 689	<p>Continued From page 2</p> <p>of nursing (ADON) were notified of the IJ on 8/27/24 at 4:55 p.m. The IJ was removed on 8/28/24 at 5:00 p.m., when the facility had implemented immediate corrective action to prevent recurrence, but noncompliance remained at a lower scope and severity of a E with no actual harm with potential for more than minimal harm that was not immediate jeopardy.</p> <p>Findings included:</p> <p>During observations on 8/27/24 between 10:23 a.m. to 2:28 p.m. the facility used the EZ-Way brand full body mechanical lifts and not the Hoyer brand full body mechanical lifts which the facility identified in their progress notes/documentation.</p> <p>A Facility Reported Incident (FRI) submitted to the state Agency (SA) on 8/26/24 at 1:03 a.m., alleged potential caregiver neglect when R1 fell backwards from the sling of the Hoyer (brand name of full body mechanical lift) during a transfer and sustained increased pain, emergency department (ED) evaluation, and compression fractures to his back.</p> <p>R1's admission Minimum Data Set (MDS) identified R1 was admitted on 8/21/24 and no other information was available.</p> <p>R1's brief interview of mental status (BIMS) dated 8/21/24, indicated R1 was severely cognitively impaired.</p> <p>R1's care plan dated 8/23/24 indicated R1 had diagnoses of vascular dementia, chronic kidney disease, and major depressive disorder with psychotic features. Also indicated R1 required two staff assist with a large sling and full body</p>	F 689	<p>the resident care plan/Kardex and had return competency performed. New slings were ordered and delivered to the facility on 8/30/24.</p> <p>Director of Nursing and/or designee is responsible for compliance.</p> <p>Audits on mechanical lift competency, where to locate this information in the care plan with sling size interventions will begin 2x week x 3 weeks, weekly x 3 weeks then monthly to ensure sustained compliance.</p> <p>Audit results will be given to the Executive Director and the Executive Director will take audit results to QAPI for review and recommendation.</p> <p>Compliance 9/4/2024</p>	

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F 689	<p>Continued From page 3</p> <p>mechanical lift for transfers. R1 required one assist with bed mobility, eating, personal hygiene, dressing, and toileting.</p> <p>R1's Kardex (abbreviated care plan for nursing assistants (NA)) as of 8/27/24 indicated R1 required two staff assist with Hoyer Lift with large sling.</p> <p>R1's Lift/Transfer Evaluation dated 8/22/24, indicated R1 could not bear weight, was cooperative with transfers and repositioning, did not have any upper extremity strength, and could not assist with transfers. R1's weight range was between 100-200 pounds and does not lack any sensation in any body parts.</p> <p>An undated facility document labeled Sling Sizes indicated R1 required a large sling.</p> <p>R1's progress notes dated 8/25/24 at 11:17 p.m., indicated staff were transferring R1 from bed to wheelchair using "Hoyer lift". While R1 was in the air he fell backwards, head was facing down. R1 hit his head on the floor and sustained a lump to the back of the head. R1 sent to ED for evaluation. A follow up progress note dated 8/25/24 at 11:29 p.m., indicated R1 had been transferred to a higher level of care hospital due to fractures and fluid in the lungs.</p> <p>R1's Progress Note dated 8/26/24 at 3:41 p.m., indicated R1 admitted to hospital and had a T1 fracture (upper back spine), T6 spinal fracture (mid back spine), L1 cerebral fracture (lower back) and was receiving pain management.</p> <p>During an interview on 8/27/24 at 1:30 p.m., nursing assistant (NA)-A indicated she was</p>	F 689		

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F 689	<p>Continued From page 4</p> <p>assisting NA-D with R1's transfer on 8/25/24 when R1 fell out of the lift. NA-A Indicated it was the first time she had worked with R1 that day. NA-A was not sure which size lift sling R1 was supposed to use but used the lift sling that was already underneath him in the chair, NA-A thought it may have been maroon/large but was not sure. NA-A stated R1's fall happened "so fast", "he just fell out".</p> <p>During an interview on 8/27/24 at 1:40 p.m., NA-D indicated she assisted NA-A with R1's transfer on 8/25/24 when R1 fell out of the lift. NA-D indicated it was her first time working with R1. NA-D explained they were transferring R1 from the bed to the recliner and one of the sling loops came off the lift hook and R1 fell out of the lift to the floor. NA-D Further indicated the sling was under R2 in bed so that is the one they used to transfer him. NA-D was not sure what color or size it was. NA-D verified they did not check R1's care plan indicating the sling size and did not stop to check the tension of the straps when lifting R1. NA-D Identified the sling sizes were on the resident's Kardex and a list was posted on the linen closet door.</p> <p>During an interview on 8/27/24 at 3:43 p.m., the director of nursing (DON) indicated NA-A and NA-D must not have stopped and checked that the lift sling loops were secured when R1 was lifted, and the sling was not taut. Further indicated, it was expected that staff would use the care planned sling, double check the size of the sling prior to transfer, and do their safety checks during the transfer to avoid resident injury. They were unsure what size the sling was when R1 fell.</p> <p>R2</p>	F 689		

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

PRINTED: 09/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245596	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/29/2024
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F 689	<p>Continued From page 5</p> <p>R2's admission Minimum Data Set (MDS) identified R1 was admitted on 8/21/24 and no other information was available.</p> <p>R2's BIMS dated 8/27/24 indicated R2 was cognitively intact.</p> <p>R2's care plan dated 8/23/24, indicated R2 transferred with two total staff assist. R2 required assist of one staff with toileting, dressing, and bed mobility. Two staff assist with personal hygiene. The care plan did not identify the use of a full body mechanical lift or sling size. Diagnoses include hemiplegia, osteoarthritis, diabetes, and anxiety disorder.</p> <p>R2's Kardex as of 8/27/24, indicated R2 transferred with two-person physical assist. The Kardex did not identify the use of a full body mechanical lift or sling size.</p> <p>R2's Lift/Transfer Evaluation dated 8/22/24, indicated R2 could not bear weight, was cooperative with transfers and repositioning, did not have any upper extremity strength, and could not assist with transfers. R1's weight range is between 100-200 pounds and lacks sensation in some part of the body.</p> <p>An undated Facility document labeled Sling Sizes indicated R2 required a large sling.</p> <p>During an observation on 8/27/24 at 10:23 a.m., R2 was noted to be in his recliner with a beige full body lift sling under him. According to the EZ-Way Sling Color Coding System chart, a beige sling was a size medium sling.</p> <p>During an observation on 8/27/24 at 11:57 a.m.,</p>	F 689		

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

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F 689	<p>Continued From page 6</p> <p>NA-C wheeled R2 out of his room in his wheelchair with the beige/medium sling under him in the wheelchair indicated R2 was transferred with the medium sling versus the large sling that R2 required for safe lift transfer.</p> <p>R3</p> <p>R3's significant change MDS dated 8/22/24, identified R3 was dependent on staff for toileting, lower body dressing, transfers, and bed mobility.</p> <p>R3's BIMS dated 8/19/24, indicated R3 had intact cognition.</p> <p>R3's care plan revised 3/17/24, indicated R3 required assist of two staff with "Hoyer" lift and large sling for transfers. R3 required one assist with bed mobility.</p> <p>R3's Kardex dated 8/27/24, indicated R3 transferred with two staff assist and "Hoyer" lift with large size sling.</p> <p>R3's Lift Mobility Status dated 7/30/24, indicated R3 could bear weight on at least one leg, could grip the lift bar with at least one hand, was cooperative, less than 342 pounds and was to be transferred by a "Hoyer" lift.</p> <p>An undated Facility document labeled Sling Sizes indicated R3 required a large sling.</p> <p>During observation and interview on 8/27/24 at 10:49 a.m., R3 was sitting in a recliner when nursing assistant (NA)-A and NA-B placed a beige full body sling underneath her. NA-B stated, "it is a brown sling, so it is a medium sling" and referred to a color-coded chart on the lift with</p>	F 689		

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

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FORM APPROVED
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F 689	<p>Continued From page 7</p> <p>weights on it. Further indicated the nurses weighs the resident and then put the sling size in the Kardex so the NA's knew what sling size to use for transfers. NA-B confirmed the beige sling was the correct sling and proceeded with the transfer from recliner to wheelchair even though the Kardex directed the use of large size sling.</p> <p>R5</p> <p>R5's admission Minimum Data Set (MDS) identified R5 was admitted on 8/21/24 and no other information was available.</p> <p>R5's BIMS dated 8/27/24, indicated R5 was cognitively intact.</p> <p>R5's care plan dated 8/26/24, identified R5 required two staff assist for transferring using a "Hoyer" lift and large sling. R5's diagnoses included osteoarthritis of both knees, diabetes, dementia, hearing loss, and anxiety disorder.</p> <p>R5's progress notes dated 8/27/24, indicated R5 also required two staff assist with bed mobility, dressing, and toileting.</p> <p>R5's Kardex dated 8/27/24 indicated R5 was totally dependent on two staff for transferring using the "Hoyer" lift and large sling.</p> <p>R5's Lift/Transfer Evaluation dated 8/22/24 indicated R5 was cooperative with transfers and repositioning; did not have upper extremity strength and could not assist with transfers; is less than 200 pounds and did not lack sensation in any part of the body.</p> <p>An undated facility document labeled Sling Sizes</p>	F 689		

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

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F 689	<p>Continued From page 8</p> <p>indicated R5 used a large "Hoyer" sling for transfers.</p> <p>During an observation on 8/27/24 at 10:20 a.m., R5 was noted to be sitting in her wheelchair with a beige full sling underneath her in the chair. According to the EZ Way Sling Color Coding System chart, a beige sling was a size medium sling.</p> <p>During observation and interview on 8/27/24 at 11:51 a.m., R5 was noted to be sitting in her wheelchair with a beige sling under her in the wheelchair when registered nurse (RN)-A and NA-B began to hook the beige sling up to the full body mechanical lift. RN-A and NA-B both stated R5 used a beige sling, size medium for transfers. As they began to lift R5 off the wheelchair, the SA evaluator stopped them and advised them R5's care plan directed that R5 used a large burgundy sling. RN-A indicated that the medium sling they were using worked for R5 so she would just change the care plan. RN-A and NA-B proceeded with the transfer from wheelchair to bed with the beige/medium sling.</p> <p>R6 R6's significant change MDS dated 4/30/24, indicated R6 had impairment on both upper and lower extremities and was totally dependent for transfers. No behaviors.</p> <p>R6 BIMS dated 7/26/24 indicated intact cognition.</p> <p>R6's care plan revised on 5/13/24, indicated R6 transferred with two assist and EZ-Stand (sit to stand lift) with all transfers using a large sling. The resident was also dependent on staff for bed mobility, dressing, and toileting. Care plan did not</p>	F 689		

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

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FORM APPROVED
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F 689	<p>Continued From page 9</p> <p>reflect R6's use of full body mechanical lift nor did it identify which sling to use for transfers with the full body mechanical lift.</p> <p>R6's Kardex dated 8/27/24, indicated transfers were to be completed with assist of two with the EZ-Stand lift with all transfers using the large sling. Kardex did not reflect R6's use of full body mechanical lift nor did it identify which sling to use for transfers with the full body mechanical lift.</p> <p>R6's Lift Mobility Status dated 7/30/24, indicated R6 could bear weight on at least one leg, could grip the lift bar with both hands, is cooperative, less than 342 pounds and lift will by the EZ-Stand lift.</p> <p>An undated facility document labeled Sling Sizes indicated R6 used a large "Hoyer" sling for transfers.</p> <p>During observation and interview on 8/27/24 at 11:40 a.m., R6 was seated in a wheelchair with a beige/medium sling underneath her when NA-B and NA-C came in the room with an EZ-Stand lift and a large harness and assisted R6 to stand. A beige/medium full body sling was hanging over a bar in R6's room. When asked, R6 indicated they (staff) used that in the mornings to get her out of bed and weigh her. R6 indicated she disliked the full body lift and confirmed the beige sling was used every morning. NA-B verified the beige/medium sling was used every morning to transfer R6 out of bed. NA-C also verified the beige/medium sling was used every morning to transfer R6 out of bed and was the correct size for R6.</p> <p>R7</p>	F 689		

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

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F 689	<p>Continued From page 10</p> <p>R7's quarterly MDS dated 6/11/24, indicates R7 had no impairment on upper extremities but was impaired on both lower extremities, and dependent with transfers. Diagnoses included osteoarthritis to the left knee, below the knee amputee right leg, and anxiety disorder.</p> <p>R7's BIMS dated 6/15/24, indicated intact cognition.</p> <p>R7's care plan last revised on 2/8/24, identified R7 transferred with two assist and "Hoyer" lift with a large sling. R7 also required staff assist with dressing lower half of body, personal hygiene, and toileting.</p> <p>R7's Kardex was requested but not received.</p> <p>R7's Lift Mobility Status dated 6/22/24, indicated R7 could not bear weight, could tolerate a semi-reclined position, and lift to be used was a "Hoyer" lift. No other information was provided.</p> <p>An undated facility document labeled Sling Sizes indicates R7 used a large "Hoyer" lift sling for transfers.</p> <p>During observation and interview on 8/27/24 at 1:15 p.m., R7 was in bed and was noted to have a green full body sling in her wheelchair. R7 indicated she had an amputated leg so is unable to walk and needed to be transferred with a "Hoyer" lift. R7 further verified the green sling in the wheelchair was used for every transfer. According to the EZ-Way Sling Color Coding System chart, a green sling was considered a size extra-large sling.</p> <p>During an interview on 8/27/24 at 1:20 p.m.,</p>	F 689		

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

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F 689	<p>Continued From page 11</p> <p>NA-C indicated R7 was transferred with the full body mechanical lift and the green sling that was in the wheelchair. Further indicated the NAs tell the nurses the resident's weight and they tell them what size sling to use and the sling size was then written on a sheet of paper in the linen closet.</p> <p>R8 R8's annual Minimum Data Set (MDS) dated 8/9/24, indicated R8 had no upper extremity impairment, impaired movement on lower extremities, dependent on staff for all transfers and mobility. Diagnoses included cerebral infarction (stroke), peripheral vascular disease, arthritis, and anxiety.</p> <p>R8's BIMS dated 8/5/24, indicated moderate cognitive impairment.</p> <p>R8's care plan last revised on 8/26/24, indicated R9 transferred with the EZ-Stand with assist of two and extra-large sling. R8 also required assist of two staff with dressing and toileting. The care plan did not identify the use of a full body mechanical lift or sling size.</p> <p>R8's Kardex was requested but not received.</p> <p>R8's Lift Mobility Status dated 8/3/24, indicates R8 could bear weight on both legs, grab the lift bar with both hands, was cooperative, weight was less than 342 pounds, identified lift to be used as the EZ-Stand lift with extra-large sling.</p> <p>An undated facility document labeled Sling Sizes, indicated R8 used an extra-large "Hoyer" sling for transfers.</p>	F 689		

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

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F 689	<p>Continued From page 12</p> <p>During an observation on 8/27/24 at 2:28 p.m., R8 was noted sitting in a recliner and had a black sling under him. According to the EZ Way Sling Color Coding System chart, a black sling was considered a size double extra (XX)-large sling.</p> <p>R9 R9's admission MDS was in progress and identified R9 was admitted on 8/23/24 with no other information available.</p> <p>R9's BIMS dated 8/23/24, indicated intact cognition.</p> <p>R9's care plan dated 8/23/24, did not address transfer status or mobility status.</p> <p>R9's Kardex dated 8/27/24, indicated R9 transferred with two staff assist. Did not specify mode of transfer nor sling size.</p> <p>R9's progress note dated 8/23/24 at 1:21 p.m., indicated R9 admitted that day and was a two person assist with "Hoyer" lift and needed two staff for cares and activities of daily living (ADLs). The progress note did not identify the sling size.</p> <p>R9's Lift Mobility Assessment dated 8/24/24, indicated R9 could not bear weight, was cooperative with transfers and repositioning, did have upper extremity strength, could not assist with transfers, and weight was 100-200 pounds.</p> <p>An undated facility document labeled Sling Sizes did not indicate what size sling R9 used for transfers.</p> <p>During observation on 8/27/24 at 11:13 a.m., R9 was noted to be in his wheelchair with a burgundy</p>	F 689		

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

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F 689	<p>Continued From page 13</p> <p>sling under him. According to the EZ-Way Sling Color Coding System chart, a burgundy sling is considered a size large sling. A large sling is indicated for a weights withing 190 -320 pounds.</p> <p>During an interview on 8/27/24 at 12:00 p.m., RN-A indicated they only used the resident's weight to determine what sling size to use and referred to the chart on the lift.</p> <p>During an interview on 8/27/24 at 3:10 p.m., the assistant director of nursing (ADON) indicated the lift/transfer evaluations did not determine what size sling to use. Further indicated she was not sure how the sling size was determined other than weight.</p> <p>During an interview on 8/27/24 at 3:43 p.m., the director of nursing (DON) indicated the facility did not have a good system of sling sizing for the residents that used lifts and was not aware that the wrong sling sizes were in the resident rooms and in use. Further indicated if staff were using the wrong size lift slings, it increased the resident's chance of falling out of the lift.</p> <p>During a follow-up interview on 8/27/24 at 4:02 p.m., the DON confirmed the wrong size lift slings were found in resident's rooms and stated all slings being used would be the correct size for the resident before any further lift transfers were completed.</p> <p>During an interview on 8/29/24 at 11:10 a.m., the EZ-Way company representative indicated if staff were not using the correct sized slings or stopping to do safety checks on the loop connections, it increased a resident's risk of falling out of the lift resulting in serious injury to</p>	F 689		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 689	<p>Continued From page 14 the resident.</p> <p>The facility policy titled, Lifting Machine, using a Mechanical last reviewed 2/7/22, indicated the purpose of the procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions. The policy indicates staff to measure the resident for the proper sling size and purpose, according to the manufacturer's instructions. Double check the sling and machines weight limits against the resident's weight; place the sling under the resident and visually check the size to ensure it is not too large or too small; attach the sling straps to the sling bar according to the manufacturer's instructions; make sure the sling is securely attached to the clips and that it is properly balanced; check to make sure the resident's head, neck, and back are supported; before the resident is lifted double check the security of the sling attachment; examine all hooks, clips, or fasteners; check the stability of the straps; ensure the sling bar is securely attached and sound; lift the resident 2 inches from the surface and check the stability of the attachments, the fit of the sling, and the weight distribution; check the resident's comfort; slowly lift the resident only as high as necessary to complete the transfer.</p> <p>EZ Way Sling Sizing Chart, Form #2-150 Revised 7/31/18, indicated it is important to evaluate the width of a patient in relation to the width of the sling; it is important that no portion of the patient overlap the sides of the sling; color coding is used on the binding of sling but not used for specialty slings; it is important that the base of the sling be positioned two inches below the tailbone and the top of the sling is parallel with the top of the</p>	F 689		

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

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F 689	<p>Continued From page 15</p> <p>shoulder line (base of the neck). Further identifies the size/weight designations are merely estimates and basic guidelines. A proper fit will depend on factors other than weight measurements, including the height and girth of a patient. A proper fit will involve the judgement of the caregiver.</p> <p>The IJ was removed on 8/28/24 at 5:00 p.m. when it was verified the facility implemented the following corrective actions: *The facility policy, Lift Machine Using Mechanical Lift Policy and Procedure was reviewed by the facility and nurse leadership. Facility clinical leadership in-serviced all nurses and nurse aides on the Lift Machine Using Mechanical Lift Policy, the EZ Way *Sling Sizing Color Coded Chart with emphasis on measuring weight and height, where to locate this information in the care plan/Kardex and performed return demonstration lift mobility competencies. *The clinical interdisciplinary team (IDT) team were in-serviced on the admission and quarterly assessment schedule that included lift mobility and any changes to the resident status, the care plans updated as needed. *Assessments and care plans of current residents who utilized mechanical lifts were reviewed and updated. All residents were measured per manufacturer recommendations. Resident's rooms were searched, and any incorrect slings were removed.</p>	F 689		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 12, 2024

Administrator
South Shore Care Center
1307 South Shore Drive
Worthington, MN 56187

Re: State Nursing Home Licensing Orders
Event ID: KIM611

Dear Administrator:

The above facility was surveyed on August 27, 2024 through August 29, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. 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.

South Shore Care Center

September 12, 2024

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.

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, Regional Operations Supervisor, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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

Please feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

South Shore Care Center

September 12, 2024

Page 3

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00885	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2024
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NAME OF PROVIDER OR SUPPLIER SOUTH SHORE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1307 SOUTH SHORE DRIVE WORTHINGTON, MN 56187
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 8/27/24 to 8/29/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/13/24
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H55967442C (MN00106108) with a licensing order issued at 0830.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <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</p>	2 000		
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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 interview, observation and document review the facility failed to safely use a mechanical lift per manufactures recommendations to transfer 1 of 1 resident (R1), who required a mechanical lift for transfers. This resulted in an immediate jeopardy (IJ) when R1 fell from a full body mechanical lift causing R1 to suffer three fractures to his thoracic and lumbar spine (T1, T6, and L1) requiring hopsital admission. In addition, the facility failed to ensure a system for completed comprehensive	2 830	Corrected	9/4/24

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2 830	<p>Continued From page 3</p> <p>assessments for sling size and/or care plan development and/or the care plan was followed for for 8 of 8 residents (R1, R2, R3, R5, R6, R7, R8, R9) reviewed who required full body mechanical lifts.</p> <p>The IJ began on 8/25/24 when staff failed to ensure lift sling was properly secured prior to the transfer causing R1 to fall from the mechanical lift. The administrator, regional nurse, and director of nursing (DON), and assistant director of nursing (ADON) were notified of the IJ on 8/27/24 at 4:55 p.m. The IJ was removed on 8/28/24 at 5:00 p.m., when the facility had implemented immediate corrective action to prevent recurrence, but noncompliance remained at a lower scope and severity of a E with no actual harm with potential for more than minimal harm that was not immediate jeopardy.</p> <p>Findings included:</p> <p>During observations on 8/27/24 between 10:23 a.m. to 2:28 p.m. the facility used the EZ-Way brand full body mechanical lifts and not the Hoyer brand full body mechanical lifts which the facility identified in their progress notes/documentation.</p> <p>A Facility Reported Incident (FRI) submitted to the state Agency (SA) on 8/26/24 at 1:03 a.m., alleged potential caregiver neglect when R1 fell backwards from the sling of the Hoyer (brand name of full body mechanical lift) during a transfer and sustained increased pain, emergency department (ED) evaluation, and compression fractures to his back.</p> <p>R1's admission Minimum Data Set (MDS) identified R1 was admitted on 8/21/24 and no other information was available.</p>	2 830		
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2 830	<p>Continued From page 4</p> <p>R1's brief interview of mental status (BIMS) dated 8/21/24, indicated R1 was severely cognitively impaired.</p> <p>R1's care plan dated 8/23/24 indicated R1 had diagnoses of vascular dementia, chronic kidney disease, and major depressive disorder with psychotic features. Also indicated R1 required two staff assist with a large sling and full body mechanical lift for transfers. R1 required one assist with bed mobility, eating, personal hygiene, dressing, and toileting.</p> <p>R1's Kardex (abbreviated care plan for nursing assistants (NA)) as of 8/27/24 indicated R1 required two staff assist with Hoyer Lift with large sling.</p> <p>R1's Lift/Transfer Evaluation dated 8/22/24, indicated R1 could not bear weight, was cooperative with transfers and repositioning, did not have any upper extremity strength, and could not assist with transfers. R1's weight range was between 100-200 pounds and does not lack any sensation in any body parts.</p> <p>An undated facility document labeled Sling Sizes indicated R1 required a large sling.</p> <p>R1's progress notes dated 8/25/24 at 11:17 p.m., indicated staff were transferring R1 from bed to wheelchair using "Hoyer lift". While R1 was in the air he fell backwards, head was facing down. R1 hit his head on the floor and sustained a lump to the back of the head. R1 sent to ED for evaluation. A follow up progress note dated 8/25/24 at 11:29 p.m., indicated R1 had been transferred to a higher level of care hospital due to fractures and fluid in the lungs.</p>	2 830		
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2 830	<p>Continued From page 5</p> <p>R1's Progress Note dated 8/26/24 at 3:41 p.m., indicated R1 admitted to hospital and had a T1 fracture (upper back spine), T6 spinal fracture (mid back spine), L1 cerebral fracture (lower back) and was receiving pain management.</p> <p>During an interview on 8/27/24 at 1:30 p.m., nursing assistant (NA)-A indicated she was assisting NA-D with R1's transfer on 8/25/24 when R1 fell out of the lift. NA-A Indicated it was the first time she had worked with R1 that day. NA-A was not sure which size lift sling R1 was supposed to use but used the lift sling that was already underneath him in the chair, NA-A thought it may have been maroon/large but was not sure. NA-A stated R1's fall happened "so fast", "he just fell out".</p> <p>During an interview on 8/27/24 at 1:40 p.m., NA-D indicated she assisted NA-A with R1's transfer on 8/25/24 when R1 fell out of the lift. NA-D indicated it was her first time working with R1. NA-D explained they were transferring R1 from the bed to the recliner and one of the sling loops came off the lift hook and R1 fell out of the lift to the floor. NA-D Further indicated the sling was under R2 in bed so that is the one they used to transfer him. NA-D was not sure what color or size it was. NA-D verified they did not check R1's care plan indicating the sling size and did not stop to check the tension of the straps when lifting R1. NA-D Identified the sling sizes were on the resident's Kardex and a list was posted on the linen closet door.</p> <p>During an interview on 8/27/24 at 3:43 p.m., the director of nursing (DON) indicated NA-A and NA-D must not have stopped and checked that the lift sling loops were secured when R1 was</p>	2 830		

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2 830	<p>Continued From page 6</p> <p>lifted, and the sling was not taut. Further indicated, it was expected that staff would use the care planned sling, double check the size of the sling prior to transfer, and do their safety checks during the transfer to avoid resident injury. They were unsure what size the sling was when R1 fell.</p> <p>R2 R2's admission Minimum Data Set (MDS) identified R1 was admitted on 8/21/24 and no other information was available.</p> <p>R2's BIMS dated 8/27/24 indicated R2 was cognitively intact.</p> <p>R2's care plan dated 8/23/24, indicated R2 transferred with two total staff assist. R2 required assist of one staff with toileting, dressing, and bed mobility. Two staff assist with personal hygiene. The care plan did not identify the use of a full body mechanical lift or sling size. Diagnoses include hemiplegia, osteoarthritis, diabetes, and anxiety disorder.</p> <p>R2's Kardex as of 8/27/24, indicated R2 transferred with two-person physical assist. The Kardex did not identify the use of a full body mechanical lift or sling size.</p> <p>R2's Lift/Transfer Evaluation dated 8/22/24, indicated R2 could not bear weight, was cooperative with transfers and repositioning, did not have any upper extremity strength, and could not assist with transfers. R1's weight range is between 100-200 pounds and lacks sensation in some part of the body.</p> <p>An undated Facility document labeled Sling Sizes indicated R2 required a large sling.</p>	2 830		
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2 830	<p>Continued From page 7</p> <p>During an observation on 8/27/24 at 10:23 a.m., R2 was noted to be in his recliner with a beige full body lift sling under him. According to the EZ-Way Sling Color Coding System chart, a beige sling was a size medium sling.</p> <p>During an observation on 8/27/24 at 11:57 a.m., NA-C wheeled R2 out of his room in his wheelchair with the beige/medium sling under him in the wheelchair indicated R2 was transferred with the medium sling versus the large sling that R2 required for safe lift transfer.</p> <p>R3</p> <p>R3's significant change MDS dated 8/22/24, identified R3 was dependent on staff for toileting, lower body dressing, transfers, and bed mobility.</p> <p>R3's BIMS dated 8/19/24, indicated R3 had intact cognition.</p> <p>R3's care plan revised 3/17/24, indicated R3 required assist of two staff with "Hoyer" lift and large sling for transfers. R3 required one assist with bed mobility.</p> <p>R3's Kardex dated 8/27/24, indicated R3 transferred with two staff assist and "Hoyer" lift with large size sling.</p> <p>R3's Lift Mobility Status dated 7/30/24, indicated R3 could bear weight on at least one leg, could grip the lift bar with at least one hand, was cooperative, less than 342 pounds and was to be transferred by a "Hoyer" lift.</p> <p>An undated Facility document labeled Sling Sizes indicated R3 required a large sling.</p>	2 830		

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2 830	<p>Continued From page 8</p> <p>During observation and interview on 8/27/24 at 10:49 a.m., R3 was sitting in a recliner when nursing assistant (NA)-A and NA-B placed a beige full body sling underneath her. NA-B stated, "it is a brown sling, so it is a medium sling" and referred to a color-coded chart on the lift with weights on it. Further indicated the nurses weighs the resident and then put the sling size in the Kardex so the NA's knew what sling size to use for transfers. NA-B confirmed the beige sling was the correct sling and proceeded with the transfer from recliner to wheelchair even though the Kardex directed the use of large size sling.</p> <p>R5</p> <p>R5's admission Minimum Data Set (MDS) identified R5 was admitted on 8/21/24 and no other information was available.</p> <p>R5's BIMS dated 8/27/24, indicated R5 was cognitively intact.</p> <p>R5's care plan dated 8/26/24, identified R5 required two staff assist for transferring using a "Hoyer" lift and large sling. R5's diagnoses included osteoarthritis of both knees, diabetes, dementia, hearing loss, and anxiety disorder.</p> <p>R5's progress notes dated 8/27/24, indicated R5 also required two staff assist with bed mobility, dressing, and toileting.</p> <p>R5's Kardex dated 8/27/24 indicated R5 was totally dependent on two staff for transferring using the "Hoyer" lift and large sling.</p> <p>R5's Lift/Transfer Evaluation dated 8/22/24 indicated R5 was cooperative with transfers and repositioning; did not have upper extremity</p>	2 830		
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2 830	<p>Continued From page 9</p> <p>strength and could not assist with transfers; is less than 200 pounds and did not lack sensation in any part of the body.</p> <p>An undated facility document labeled Sling Sizes indicated R5 used a large "Hoyer" sling for transfers.</p> <p>During an observation on 8/27/24 at 10:20 a.m., R5 was noted to be sitting in her wheelchair with a beige full sling underneath her in the chair. According to the EZ Way Sling Color Coding System chart, a beige sling was a size medium sling.</p> <p>During observation and interview on 8/27/24 at 11:51 a.m., R5 was noted to be sitting in her wheelchair with a beige sling under her in the wheelchair when registered nurse (RN)-A and NA-B began to hook the beige sling up to the full body mechanical lift. RN-A and NA-B both stated R5 used a beige sling, size medium for transfers. As they began to lift R5 off the wheelchair, the SA evaluator stopped them and advised them R5's care plan directed that R5 used a large burgundy sling. RN-A indicated that the medium sling they were using worked for R5 so she would just change the care plan. RN-A and NA-B proceeded with the transfer from wheelchair to bed with the beige/medium sling.</p> <p>R6 R6's significant change MDS dated 4/30/24, indicated R6 had impairment on both upper and lower extremities and was totally dependent for transfers. No behaviors.</p> <p>R6 BIMS dated 7/26/24 indicated intact cognition.</p> <p>R6's care plan revised on 5/13/24, indicated R6</p>	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00885	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2024
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NAME OF PROVIDER OR SUPPLIER SOUTH SHORE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1307 SOUTH SHORE DRIVE WORTHINGTON, MN 56187
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2 830	<p>Continued From page 10</p> <p>transferred with two assist and EZ-Stand (sit to stand lift) with all transfers using a large sling. The resident was also dependent on staff for bed mobility, dressing, and toileting. Care plan did not reflect R6's use of full body mechanical lift nor did it identify which sling to use for transfers with the full body mechanical lift.</p> <p>R6's Kardex dated 8/27/24, indicated transfers were to be completed with assist of two with the EZ-Stand lift with all transfers using the large sling. Kardex did not reflect R6's use of full body mechanical lift nor did it identify which sling to use for transfers with the full body mechanical lift.</p> <p>R6's Lift Mobility Status dated 7/30/24, indicated R6 could bear weight on at least one leg, could grip the lift bar with both hands, is cooperative, less than 342 pounds and lift will by the EZ-Stand lift.</p> <p>An undated facility document labeled Sling Sizes indicated R6 used a large "Hoyer" sling for transfers.</p> <p>During observation and interview on 8/27/24 at 11:40 a.m., R6 was seated in a wheelchair with a beige/medium sling underneath her when NA-B and NA-C came in the room with an EZ-Stand lift and a large harness and assisted R6 to stand. A beige/medium full body sling was hanging over a bar in R6's room. When asked, R6 indicated they (staff) used that in the mornings to get her out of bed and weigh her. R6 indicated she disliked the full body lift and confirmed the beige sling was used every morning. NA-B verified the beige/medium sling was used every morning to transfer R6 out of bed. NA-C also verified the beige/medium sling was used every morning to transfer R6 out of bed and was the correct size</p>	2 830		
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Minnesota Department of Health

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2 830	<p>Continued From page 11 for R6.</p> <p>R7 R7's quarterly MDS dated 6/11/24, indicates R7 had no impairment on upper extremities but was impaired on both lower extremities, and dependent with transfers. Diagnoses included osteoarthritis to the left knee, below the knee amputee right leg, and anxiety disorder.</p> <p>R7's BIMS dated 6/15/24, indicated intact cognition.</p> <p>R7's care plan last revised on 2/8/24, identified R7 transferred with two assist and "Hoyer" lift with a large sling. R7 also required staff assist with dressing lower half of body, personal hygiene, and toileting.</p> <p>R7's Kardex was requested but not received.</p> <p>R7's Lift Mobility Status dated 6/22/24, indicated R7 could not bear weight, could tolerate a semi-reclined position, and lift to be used was a "Hoyer" lift. No other information was provided.</p> <p>An undated facility document labeled Sling Sizes indicates R7 used a large "Hoyer" lift sling for transfers.</p> <p>During observation and interview on 8/27/24 at 1:15 p.m., R7 was in bed and was noted to have a green full body sling in her wheelchair. R7 indicated she had an amputated leg so is unable to walk and needed to be transferred with a "Hoyer" lift. R7 further verified the green sling in the wheelchair was used for every transfer. According to the EZ-Way Sling Color Coding System chart, a green sling was considered a size extra-large sling.</p>	2 830		
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Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER SOUTH SHORE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1307 SOUTH SHORE DRIVE WORTHINGTON, MN 56187
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2 830	<p>Continued From page 12</p> <p>During an interview on 8/27/24 at 1:20 p.m., NA-C indicated R7 was transferred with the full body mechanical lift and the green sling that was in the wheelchair. Further indicated the NAs tell the nurses the resident's weight and they tell them what size sling to use and the sling size was then written on a sheet of paper in the linen closet.</p> <p>R8 R8's annual Minimum Data Set (MDS) dated 8/9/24, indicated R8 had no upper extremity impairment, impaired movement on lower extremities, dependent on staff for all transfers and mobility. Diagnoses included cerebral infarction (stroke), peripheral vascular disease, arthritis, and anxiety.</p> <p>R8's BIMS dated 8/5/24, indicated moderate cognitive impairment.</p> <p>R8's care plan last revised on 8/26/24, indicated R9 transferred with the EZ-Stand with assist of two and extra-large sling. R8 also required assist of two staff with dressing and toileting. The care plan did not identify the use of a full body mechanical lift or sling size.</p> <p>R8's Kardex was requested but not received.</p> <p>R8's Lift Mobility Status dated 8/3/24, indicates R8 could bear weight on both legs, grab the lift bar with both hands, was cooperative, weight was less than 342 pounds, identified lift to be used as the EZ-Stand lift with extra-large sling.</p> <p>An undated facility document labeled Sling Sizes, indicated R8 used an extra-large "Hoyer" sling for transfers.</p>	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00885	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/29/2024
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NAME OF PROVIDER OR SUPPLIER SOUTH SHORE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1307 SOUTH SHORE DRIVE WORTHINGTON, MN 56187
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2 830	<p>Continued From page 13</p> <p>During an observation on 8/27/24 at 2:28 p.m., R8 was noted sitting in a recliner and had a black sling under him. According to the EZ Way Sling Color Coding System chart, a black sling was considered a size double extra (XX)-large sling.</p> <p>R9 R9's admission MDS was in progress and identified R9 was admitted on 8/23/24 with no other information available.</p> <p>R9's BIMS dated 8/23/24, indicated intact cognition.</p> <p>R9's care plan dated 8/23/24, did not address transfer status or mobility status.</p> <p>R9's Kardex dated 8/27/24, indicated R9 transferred with two staff assist. Did not specify mode of transfer nor sling size.</p> <p>R9's progress note dated 8/23/24 at 1:21 p.m., indicated R9 admitted that day and was a two person assist with "Hoyer" lift and needed two staff for cares and activities of daily living (ADLs). The progress note did not identify the sling size.</p> <p>R9's Lift Mobility Assessment dated 8/24/24, indicated R9 could not bear weight, was cooperative with transfers and repositioning, did have upper extremity strength, could not assist with transfers, and weight was 100-200 pounds.</p> <p>An undated facility document labeled Sling Sizes did not indicate what size sling R9 used for transfers.</p> <p>During observation on 8/27/24 at 11:13 a.m., R9 was noted to be in his wheelchair with a burgundy</p>	2 830		
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Minnesota Department of Health

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2 830	<p>Continued From page 14</p> <p>sling under him. According to the EZ-Way Sling Color Coding System chart, a burgundy sling is considered a size large sling. A large sling is indicated for a weights withing 190 -320 pounds.</p> <p>During an interview on 8/27/24 at 12:00 p.m., RN-A indicated they only used the resident's weight to determine what sling size to use and referred to the chart on the lift.</p> <p>During an interview on 8/27/24 at 3:10 p.m., the assistant director of nursing (ADON) indicated the lift/transfer evaluations did not determine what size sling to use. Further indicated she was not sure how the sling size was determined other than weight.</p> <p>During an interview on 8/27/24 at 3:43 p.m., the director of nursing (DON) indicated the facility did not have a good system of sling sizing for the residents that used lifts and was not aware that the wrong sling sizes were in the resident rooms and in use. Further indicated if staff were using the wrong size lift slings, it increased the resident's chance of falling out of the lift.</p> <p>During a follow-up interview on 8/27/24 at 4:02 p.m., the DON confirmed the wrong size lift slings were found in resident's rooms and stated all slings being used would be the correct size for the resident before any further lift transfers were completed.</p> <p>During an interview on 8/29/24 at 11:10 a.m., the EZ-Way company representative indicated if staff were not using the correct sized slings or stopping to do safety checks on the loop connections, it increased a resident's risk of falling out of the lift resulting in serious injury to the resident.</p>	2 830		
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Minnesota Department of Health

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2 830	<p>Continued From page 15</p> <p>The facility policy titled, Lifting Machine, using a Mechanical last reviewed 2/7/22, indicated the purpose of the procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions. The policy indicates staff to measure the resident for the proper sling size and purpose, according to the manufacturer's instructions. Double check the sling and machines weight limits against the resident's weight; place the sling under the resident and visually check the size to ensure it is not too large or too small; attach the sling straps to the sling bar according to the manufacturer's instructions; make sure the sling is securely attached to the clips and that it is properly balanced; check to make sure the resident's head, neck, and back are supported; before the resident is lifted double check the security of the sling attachment; examine all hooks, clips, or fasteners; check the stability of the straps; ensure the sling bar is securely attached and sound; lift the resident 2 inches from the surface and check the stability of the attachments, the fit of the sling, and the weight distribution; check the resident's comfort; slowly lift the resident only as high as necessary to complete the transfer.</p> <p>EZ Way Sling Sizing Chart, Form #2-150 Revised 7/31/18, indicated it is important to evaluate the width of a patient in relation to the width of the sling; it is important that no portion of the patient overlap the sides of the sling; color coding is used on the binding of sling but not used for specialty slings; it is important that the base of the sling be positioned two inches below the tailbone and the top of the sling is parallel with the top of the shoulder line (base of the neck). Further identifies the size/weight designations are merely</p>	2 830		
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Minnesota Department of Health

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2 830	<p>Continued From page 16</p> <p>estimates and basic guidelines. A proper fit will depend on factors other than weight measurements, including the height and girth of a patient. A proper fit will involve the judgement of the caregiver.</p> <p>The IJ was removed on 8/28/24 at 5:00 p.m. when it was verified the facility implemented the following corrective actions:</p> <ul style="list-style-type: none"> *The facility policy, Lift Machine Using Mechanical Lift Policy and Procedure was reviewed by the facility and nurse leadership. Facility clinical leadership in-serviced all nurses and nurse aides on the Lift Machine Using Mechanical Lift Policy, the EZ Way *Sling Sizing Color Coded Chart with emphasis on measuring weight and height, where to locate this information in the care plan/Kardex and performed return demonstration lift mobility competencies. *The clinical interdisciplinary team (IDT) team were in-serviced on the admission and quarterly assessment schedule that included lift mobility and any changes to the resident status, the care plans updated as needed. *Assessments and care plans of current residents who utilized mechanical lifts were reviewed and updated. All residents were measured per manufacturer recommendations. Resident's rooms were searched, and any incorrect slings were removed. <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee, could review/revise policies and procedures related to falls, accidents and resident supervision to assure proper assessment and interventions are being implemented. They could re-educate staff on the policies and procedures. A system for evaluating and monitoring consistent implementation of</p>	2 830		
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Minnesota Department of Health

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2 830	<p>Continued From page 17</p> <p>these policies could be developed, with the results of these audits being brought to the facility's Quality Assurance Committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 830		