STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106146	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Club at Lake Gibson	855 Carpenters Way Lakeland, FL 33809

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations and interviews the facility failed to ensure adequate supervision and appropriate use of equipment to safely transfer one resident (#1) out of five residents reviewed for sit to stand transfers with the assistance of two staff members. Findings included:During an observation interview on 5/6/26 at 10:11 a.m., Resident #1 said Staff A, CNA, did not have assistance from another staff member when the injury occurred. She said Staff A, CNA, had difficulty maneuvering the sit to stand lift over the raised threshold (?hump') in the bathroom doorway and repeatedly repositioned the lift to move it over the threshold. Resident #1 said when she began sliding she informed Staff A, CNA, to call for assistance and the staff member continued to push the lift out of the bathroom She said as she continued sliding downward, she began yelling help. Staff A, CNA went to the doorway to request assistance. While Staff A, CNA was at the doorway, the resident slid from the [vendor3000] lift onto the floor. Resident #1 stated that when she landed on the floor, she experienced severe pain in her left shoulder and rated the pain as greater than 10 out of 10 . Resident #1 said it is not unusual for only one staff member to assist her during the sit to stand mechanical lift transfers. Resident #1 said prior to the incident she was pain free, spent most of the day in her wheelchair, ate in the dining room, and participated in group activities such as card games, painting, and jigsaw puzzles. Since the incident, she reported that she has remained primarily in bed, now eats meals in her room, is unable to participate in group activities, and receive showers. Resident #1 said on 5/4/26 she sat in her wheelchair for approximately 1.5 hours and had to return to bed due to 8 out of 10 pain level. She said on 5/5/26 she did not get out of bed because she did not want to aggravate her injury.On 4/12/26 at approximately 8:00 p.m. Staff A, Certified Nursing Assistant (CNA) used the [vendor 3000] sit to stand mechanical lift to transfer Resident #1. Without asking for assistance from another staff member Staff A, CNA attached the transfer sling (used for support) to the lift, did not secure the standing sling (used to secure legs to knee pads) clip attachment around Resident #1's lower legs and transported the resident from the toilet to the resident's bed, approximately 28 feet. During the transport Resident #1 slid to the floor with both arms elevated above their head and was suspended in the transfer sling. As a result of the facility's negligence Resident #1 sustained a closed right femur fracture and shoulder dislocation.The facility uses the [vendor flex] and [vendor 3000] sit to stand machines and the manufacturer instruction for use for is different for each machine.On 4/12/26 at an unknown time following the incident, Emergency Medical Services (EMS) were activated. EMS transported Resident #1 to the hospital and administered 12.5 mg of Ketamine during transport.On 4/12/26 at 9:04 p.m., Resident #1 arrived at [local] Medical Center with observed shortening of the right leg and a deformity of the left shoulder.On 4/12/26 at 10:51 p.m., Resident #1's radiographic imaging showed an obliquely oriented displaced fracture of the distal right femur. Hospital documentation identifies the reason for admission as a closed fracture of the right femur and a left shoulder dislocation.On 4/12/26 at 11:41 p.m., reduction of the resident #1's left shoulder was completed.On 4/20/26, Resident #1 was discharged from the hospital and readmitted to the facility.A review of Resident #1's orthopedic consultation record for right femur fracture, dated 4/13/26 (continued on next page)

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.

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

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F 0689 Level of Harm - Actual harm Residents Affected - Few	showed recommendations for closed treatment of the fracture. She will remain in a knee immobilizer brace.A review of Resident #1's Medical Certification for Medicaid Long-Term Care Services and Patient Transfer Form (3008), dated 4/17/26, Section E. Medical Condition showed the primary diagnosis at discharge were right femur fracture, left shoulder dislocation and gastritis.A review Resident #1's admission record showed initial admission 6/17/24 and readmission 7/24/24 with diagnoses including right femur fracture (04/20/2026), left shoulder dislocation (04/20/2026), chronic kidney disease, myocardial infarction, presence of a pacemaker, left artificial knee joint, generalized muscle weakness, and abnormal posture.A review of Resident #1's care plans showed care plan focus area activities of daily living (ADL) or functional abilities related to generalized weakness, impaired mobility, rheumatoid arthritis and diabetes mellitus, initiated on 9/5/25.The care plan goal is that Resident #1 will maintain current level of functioning through the next review date.The care plan interventions included:-Transfers - Resident #1 is dependent for transfers and will need assistance x2 and a mechanical lift to move from bed to chair and back.-Walking - Resident #1 does not walk.-Uses a motorized wheelchair/scooter for mobility.A review of Resident #1's care plans showed care plan focus:- Resident #1is independently capable of pursuing their own activities without staff interventions, initiated on 3/20/25. The care plan goal was Resident #1 will continue to participate in individual activities of choice.- Resident #1 has an activities of daily living (ADL) or functional abilities related to generalized weakness, impaired mobility, rheumatoid arthritis and diabetes mellitus, initiated on 9/5/25. The care plan goal is Resident #1 will maintain current level of functioning through the next review date. Review of medication administration record (MAR), dated March 2028 showed an order for:- Tylenol 650 mg by mouth at bedtime for pain; Tylenol 650 mg by mouth every four hours as needed for pain on 3/13/26 one dose administered for pain level of 4/10.-Monitor and document pain three times daily, 4/20-4/30 pain level ranged for 0-10/10- Tylenol 650 mg by mouth every four hours as needed for pain- three dosages administered between 4/21 and 4/30/2026- Hydrocodone/Acetaminophen 5mg/325mg 1 tablet every four hours as needed for moderate pain- Between 4/21 and 4/30/26 pain level range from 6/10-9/10 and medication was administered one to four times daily.A review of Resident #1's Patient Health Questionnaire-9 (PHQ-9), dated 4/23/26, total severity scale of 9, indicating mild depression.Review of Resident #1's admission nursing comprehensive evaluation, dated 4/20/26 showed Brief Interview for Mental Status BIMS summary score of 15/15, indicating the resident was cognitively intact.Resident #1's personal preference included eating in the dining room and has aching throbbing pain, pain level 7 in the right leg. Resident #1's bathing preference was to shower.Review of Resident #1's Nursing quarterly comprehensive evaluation dated 3/17/26 showed pain is generalized to legs. The resident has occasional pain that is precipitated by care or treatment, and Tylenol is effective in decreasing pain. Resident #1 is chair fast, uses a wheelchair and does not walk, cannot bear own weight and must be assisted into chair or wheelchair.A review of social services evaluation and review dated 3/10/26 showed Resident #1 is understood when expressing ideas or wants. The resident felt down, depressed or hopeless or 1 day and does not have trouble falling or staying asleep, feel tired or have little energy.A review of social services evaluation and review dated 4/24/26 showed Resident #1 is understood when expressing ideas or wants. The resident felt down, depressed or hopeless for several days (2-6 days) and has trouble falling or staying asleep half or more of the days (7-11 days) and feel tired or have little energy.A Review of interdisciplinary team (IDT) referral to therapy note dated 4/21/26 showed Resident #1 required increased transfer assistance and therapy follow-up showed a hammock-like sling is recommended at this time.A review of Resident #1's progress notes revealed the following:Review of a nursing note dated 5/4/26 at 11:40 p.m. showed Resident #1 complained of severe pain .new order to give Hydrocodone/Acetaminophen 5mg/325mg two tablets .will continue with current plan of care.Review of a care plan meeting note, dated 4/29/26 showed Resident #1's condition has declined since her last review .Review of an ARNP progress note, dated 4/23/26 showed right femur fracture, maintain knee immobilizer, pain control, physical (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	therapy/occupational therapy consult and follow up with orthopedic .A review of a psychiatry subsequent note dated 4/23/26 for showed, it was reported to me that patient is unstable requiring psychiatric assessment .During the last two visits, patient remained at baseline and exhibited no depressive or anxious feelings . the patient expresses some depression, but only when she cannot get to activities. Decreased mobility has contributed to her depression as well. Her incident has also added some depression .During a telephone interview on 5/6/26 at 8:11 p.m., Staff A, CNA, stated that during her orientation she observed another staff member using the sit to stand lift and realized she did not know how to operate it. She asked for guidance and received verbal instruction. Staff A, CNA reported she was not shown how to use or secure the lower leg straps on the [vendor 3000] sit to stand lift and did not secure the straps prior to transferring Resident #1 on 4/12/26. She said she did not ask another staff member for assistance because she had observed other staff using the lift alone and believed this was standard practice.During the survey, two attempts were made to contact Staff D, RN, who was assigned to Resident #1 at the time of the injury and both attempts were unsuccessful.During an interview and record review on 5/6/26 at 4:01 p.m. the Director of Maintenance (DOM) said on 4/13/26 he became aware of the adverse incident in which a resident slid from a mechanical lift while it was in use. On 4/13/26 he inspected Lift #2, [vendor] 3000 serial number P0627431 and found the belt buckle on one side of the leg strap was missing. He stated on 4/8/26 the lift was inspected and no issues were identified. Immediately after the interview accompanying the DOR to a restricted access area an observation was made of the lift and the standing sling buckle he replaced. The buckle part replaced was the smooth, rectangular part that fits into the latch. Reviewed work order #9309, for sit to stand lift #2 where an inspection for physical issues found the right-side leg male insert was missing from the belt buckle strap . During an interview and record review on 5/6/26 at 3:04 p.m. with the Clinical Educator/Clinical Manager (Educator) and the Director of Nursing (DON). The Educator said during orientation staff are shown how to use mechanical lifts.During an interview on 5/6/26 at 4:45 p.m., the DON stated that on 4/12/26 she was notified by Staff D, RN Resident #1 had experienced a fall and was being transferred to the hospital. She explained that at the time of the incident, staff did not report any unsafe practices related to the transfer. The following day, on 4/13/26 during clinical rounds, the facility's hospital liaison informed her that Resident #1 had sustained a fracture and a dislocated shoulder. The DON stated the injuries occurred when Staff A, CNA, used the sit to stand mechanical lift without a second staff member present. She noted that some of the facility's sit to stand devices have calf straps and others did not, depending on the model.During a telephone interview on 5/7/26 at 9:55 a.m., Staff^E, CNA, said the facility has two types of sit to stand lifts: one with a platform for the legs to rest on, and another with two seat belts positioned around the legs that may be used for added security. She said she trains staff to secure the snaps around the resident's chest and under the arms.During a telephone interview on 5/7/26 at 10:07 a.m., Resident 1's PCP and the facility's Medical Director said the Nursing Home Administrator (NHA) and the DON notified him of the injuries. He stated, I think there was only one person transferring the resident, and there should be two. He reported that her mobility had already been limited and that she will require additional therapy to recover.A review of manufacturer instructions for use for the [vendor 3000] sit to stand lift included the following: Check the sling and straps to ensure they are not damaged. Place the sling around the resident's torso and secure all required buckles Apply the leg strap or calf support. Have the resident hold the hand grips. Use the control panel to slowly raise the resident to a standing position. Move the lift carefully to the chair or destination. Lower the resident slowly until they are seated safely. Unbuckle the sling and remove the lift. Additional instructions include: The resident shall not be transferred over long distance.A review of manufacturer instructions for use for the [vendor flex] sit to stand lift includes the following: Check the sling, straps, and buckles for any damage. Position the [NAME] Flex sling behind the resident's back and secure all required buckles. Place the resident's feet on the footplate and ensure they are stable. Instruct the resident to hold the hand grips. Use the controls to slowly (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	raise the resident to a standing position. Carefully move the lift to the chair or destination. Lower the resident until they are safely seated. Unbuckle the sling and remove the lift.A review of facility policy titled, Safe Lifting and Movement of Residents - F689 Positioning and Moving Safe Lifting and Movement of Residents, undated showed the following: Policy Statement: In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residentsPolicy Interpretation and Implementation1. Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents.2. Manual lifting of residents shall be eliminated when feasible.3. Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan.4. Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices.5. Mechanical lifting devices shall be used for heavy lifting, including lifting and moving residents when necessary.6. Only staff with documented training on the safe use and care of the machines and equipment used in this facility will be allowed to lift or move residents.7. Staff will be observed for competency in using mechanical lifts and observed periodically for adherence to policies and procedures regarding use of equipment and safe lifting techniques.10. Maintenance staff shall perform routine checks and maintenance of equipment used for lifting to ensure that it remains in good working order.11. All equipment design and use will meet or exceed guidelines and regulations concerning resident safety and the use of restraints.12. Safe lifting and movement of residents is part of an overall facility employee health and safety program . A review of facility policy titled Resident Rights, undated showed the followingPolicy Statement: Employees shall treat all residents with kindness, respect, and dignity.Policy Interpretation and Implementation:1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:c. be free from abuse, neglect, misappropriation of property, and exploitation; A review of facility policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention program, , undated showed the following: .Policy Interpretation and Implementation: The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives:1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone .6. Provide staff orientation and training/orientation programs .7. Implement measures to address factors that may lead to abusive situations, for example:a. adequately prepare staff for caregiving responsibilities; The facility's Sit-to-Stand Lift Competency Checklist, undated include the following steps: Verifies resident appropriateness for sit-to-stand lift. Performs equipment safety check. Explains procedure to resident. Applies non-skid footwear. Positions lift correctly. Positions resident safely. Applies sling correctly. Attaches sling securely and evenly. Provides clear instructions to resident. Operates lift safely and smoothly. Maintains resident safety during transfer. Positions resident correctly when lowering. Removes sling and repositions resident. Demonstrates infection control practices. Documents transfer appropriately.The facility's Sit-to-Stand Lift Inservice Guide, undated showed the following:Before You Begin (Safety Checks)1. Verify resident is appropriate (can bear weight, follow commands, has trunk control).2. Inspect equipment (battery, sling, straps, brakes).3. Explain procedure to resident.4. Apply non-skid footwear,Step-by-Step Process:1. Position lift and widen base for stability.2. Scoot resident to edge of seat.3. Place feet on footplate and align knees with pad.4. Apply sling securely around resident.5. Attach sling evenly to lift.6. Instruct resident to lean forward and hold handles.7. Activate lift slowly and monitor resident.8. Move resident to destination carefully.9. Lower resident slowly onto surface.10. Remove sling and reposition comfortably.Important Safety Tips:1. Do not use for fully dependent residents.2. Never leave resident unattended.3. Use 2 staff4. Watch for fatigue or knee buckling.5. Stop if residents shows distress or pain.

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F 0726 Level of Harm - Actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on record review, interviews, and policy review, the facility failed to ensure nursing staff were competent in using the sit to stand mechanical lift for one resident (#1) of five residents sampled.Findings Included:On 4/12/26 staff failed to review and follow Resident #1's care plans related to functional abilities and the resident slid from a [vendor 3000] sit to stand machine and sustained a fractured femur and dislocated shoulder.On 4/12/26 at approximately 8:00 p.m. Staff A, Certified Nursing Assistant (CNA) used the [vendor 3000] sit to stand mechanical lift to transfer Resident #1. Without asking for assistance from another staff member Staff A, CNA attached the transfer sling (used for support) to the lift, did not secure the standing sling (used to secure legs to knee pads) clip attachment around Resident #1's lower legs and transported the resident from the toilet to the resident's bed, approximately 28 feet. During the transport Resident #1 slid to the floor with both arms elevated above their head and r suspended in the transfer sling. As a result of the facility's negligence Resident #1 sustained a closed right femur fracture and shoulder dislocation.During an observation interview on 5/6/26 at 10:11 a.m., Resident #1 said Staff A, CNA, did not have assistance from another staff member when the injury occurred. She said Staff A, CNA, had difficulty maneuvering the sitˆtoˆstand lift over the raised threshold (?hump') in the bathroom doorway and repeatedly repositioned the lift to move it over the threshold. Resident #1 said when she began sliding she informed Staff A, CNA, to call for assistance and the staff member continued to push the lift out of the bathroom She said as she continued sliding downward, began yelling help Staff A, CNA went to the doorway to request assistance. While Staff A, CNA was at the doorway, the resident slid from the [vendor3000] lift onto the floor. Resident #1 stated that when she landed on the floor, she experienced severe pain in her left shoulder and rated the pain as greater than 10 out of 10 . Resident #1 said it is not unusual for only one staff member to assist her during the sitˆtoˆstand mechanical lift transfers.A review Resident #1's admission record showed initial admission 6/17/24 and readmission 7/24/24 with diagnoses including right femur fracture (04/20/2026), left shoulder dislocation (4/20/26), chronic kidney disease, myocardial infarction, presence of a pacemaker, left artificial knee joint, generalized muscle weakness, and abnormal posture.During a telephone interview on 5/6/26 at 8:11 p.m., Staff A, CNA, stated that during her orientation she observed another staff member using the sitˆtoˆstand lift and realized she did not know how to operate it. She asked for guidance and received verbal instruction. Staff A, CNA reported she was not shown how to use or secure the lower leg straps on the [vendor 3000] sitˆtoˆstand lift and did not secure the straps prior to transferring Resident #1 on 4/12/26. She said she did not ask another staff member for assistance because she had observed other staff using the lift alone and believed this was standard practiceDuring an interview and record review on 05/06/2026 at 3:04 p.m. with Clinical Educator/Clinical Manager (Educator) and the Director of Nursing (DON). The Educator said the facility's CNA onboarding process begins with didactic training on the first day. The Director of Rehabilitation (DOR) participates in the training and discusses topics such as transfers, gait belt use, and mechanical lifts. She said the facility documents mechanicalˆlift education using two forms: the ?Resident Transfer and Ambulation Competency Checklist and the Orientation Competency Checklist.A review of the checklists does not show whether the education and training included the [Vendor 3000] and/or the [Vendor Flex] sitˆtoˆstand lifts, or competency was validated through returnˆdemonstration.The DON said the facility has four sitˆtoˆstand lifts. The Educator provided Staff A, CNA's completed checklist signed and dated on March 17, 2026. During a telephone interview on 5/7/26 at 9:57 a.m., StaffˆC, CNA, said during orientation, StaffˆA, CNA, informed her that she had never used the sitˆtoˆstand lift before. StaffˆC, CNA reported she demonstrated the use of the sitˆtoˆstand lift to StaffˆA, CNA twice. She could not recall whether the demonstration was completed on the [vendor 3000] or the [vendor flex] sitˆtoˆstand lifts. StaffˆC, CNA said she did not (continued on next page)

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F 0726 Level of Harm - Actual harm Residents Affected - Few	notify management that Staff^A, CNA did not know how to use the equipment because she believed the instruction she provided during orientation was sufficient.During an interview on 5/6/26 at 4:45 p.m., the Director of Nursing (DON) stated that the facility has sit^to^stand lifts that require the use of calf straps and others that do not and resident is at risk if not transferred properly.During a telephone interview on 5/7/26 at 9:55 a.m., Staff^E, CNA, said the facility has two types of sit^to^stand lifts: one with a platform for the legs to rest on, and another with two seat belts positioned around the legs that may be used for added security. She said she trains staff to secure the straps around the resident's chest and under the arms.During an interview on 5/7/26 at 3:37 p.m., in response to identifying sit to stand machine used during her training, Staff G, CNA was observed walking to a small alcove across from the 400-nursing station that had a lift present, [Vendor 3000]. Staff G, CNA observed the lift and said this is not the one that was used during the training, it is different.During an interview on 5/7/26 at approximately 3:45 p.m., Staff H, Licensed Practical Nurse (LPN) observed the [vendor 3000] sit to stand lift in the small alcove across from the 400-nursing station and said she had never seen this type of lift before.A review of the facility's policy titled, Orientation Program for Newly Hired Employees, Transfers, Volunteers, version 2 showed the following:Policy Statement: An orientation program shall be conducted for all newly hired employees, transfers from other departments, those providing services under contractual arrangements, and volunteersPolicy Interpretation and Implementation:All newly hired personnel/volunteers/transfers/contractors must attend an orientation program within their first five (5) days of hire.The orientation program is separate from the required state-approved Nurse Aide Training Program, and the role-specific training and/or in-service training and appropriate competencies of new and existing staff.Our orientation program includes, but is not limited to: A tour of the facility, instructions in procedures to be followed in an emergency, an introduction to resident care procedures, which includes, but is not limited to: A review of the facility's Nursing Services Policy and Procedure Manual; A review of the facility's Nursing Assistant Training Program; A review of the facility's In-Service Training Program; A review of the facility's infection control practices; and A review of the facility's philosophy of careIn addition to our general orientation, each department orients the newly hired employee/transfer/ volunteer/contractor to his or her department's policies and procedures, as well as other data that will aid him/her in understanding the team concept, attitudes and approaches to resident care.Our orientation program is an in-depth review of our facility's policies and procedures. A checklist is used to record materials reviewed.A written record is maintained of each participant's orientation program.Orientation records include the date reviewed, participant's initials, subject matter reviewed, and other information deemed necessary or appropriate.Records of orientation are filed in the personnel file upon completion of the orientation program.Completed copies of Employee Orientation Checklists are filed in the employee's personnel file.A review of the facility's Sit-to-Stand Lift Competency Checklist, undated showed the following tasks are to be completed:-Verifies resident appropriateness for sit-to-stand lift-Performs equipment safety check-Explains procedure to resident-Applies non-skid footwear-Positions lift correctly-Positions resident safely-Applies sling correctly-Attaches sling securely and evenly-Provides clear instructions to resident-Operates lift safely and smoothly-Maintains resident safety during transfer-Positions resident correctly when lowering-Removes sling and repositions resident-Demonstrates infection control practices-Documents transfer appropriatelyReview of the facility's Sit-to-Stand Lift Inservice Guide, undatedBefore You Begin (Safety Checks)Verify resident is appropriate (can bear weight, follow commands, has trunk control).Inspect equipment (battery, sling, straps, brakes).Explain procedure to resident.Apply non-skid footwear,Step-by-Step ProcessPosition lift and widen base for stability.Scoot resident to edge of seat.Place feet on footplate and align knees with pad.Apply sling securely around resident.Attach sling evenly to lift.Instruct resident to lean forward and hold handles.Activate lift slowly and monitor resident.Move resident to destination carefully.Lower resident slowly onto surface.Remove sling and reposition (continued on next page)

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F 0726 Level of Harm - Actual harm Residents Affected - Few	comfortably.Important Safety TipsDo not use for fully dependent residents.Never leave resident unattended.Use 2 staffWatch for fatigue or knee buckling. 5 Stop if resident shows distress or pain.Documentation RemindersLevel of assistance required.Resident participation and tolerance.Safety and positioning during transfer.A review of the facility's policy titled, Safe Lifting and Movement of Residents - Positioning and Moving Safe Lifting and Movement of Residents, undated showed the following:Policy Statement: In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents.Policy Interpretation and Implementation4. Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices.5. Mechanical lifting devices shall be used for heavy lifting, including lifting and moving residents when necessary.6. Only staff with documented training on the safe use and care of the machines and equipment used in this facility will be allowed to lift or move residents.7. Staff will be observed for competency in using mechanical lifts and observed periodically for adherence to policies and procedures regarding use of equipment and safe lifting techniques.12. Safe lifting and movement of residents is part of an overall facility employee health and safety program, which: c. Provides training on safety, ergonomics and proper use of equipment;A review of the facility's Abuse, Neglect, Exploitation and Misappropriation Prevention Program, undated Policy Statement: Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.Policy Interpretation and Implementation: The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: 2. Develop and implement policies and protocols to prevent and identify: neglect of residents;