STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155754	A. Building B. Wing	12/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hubbard Hill Estates Inc	28070 Cr 24 Elkhart, IN 46517

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 - Minimal harm or potential for 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 interview and record review, the facility failed to transfer 1 of 2 residents reviewed for sit-to-stand mechanical lift transfers safely. (Resident 58)Finding includes:During an interview on 12/9/2025 at 2:15 P.M., Resident 58's representative indicated the resident had fallen from the lift while transferring with the assistance of staff in September 2025. Resident 58's record review was completed on 12/10/2025 at 10:30 A.M. Diagnoses included, but were not limited to: Alzheimer's disease, generalized osteoarthritis and adjustment disorder. A Quarterly Minimum Data Set (MDS) assessment, completed on 10/30/2025, indicated Resident 58 was dependent on staff for chair to bed transfers. A Therapy Progress Note, dated 6/24/2024, indicated Resident 28 was accessed and required the use of a sit-to-stand lift transfer for safety.A current Physician's order, dated 6/24/2024, indicated Resident 28 was to be transferred by staff using a sit-to-stand lift. A Nursing Progress Note, dated 9/7/2025 at 10:04 P.M., indicated the Nurse had been notified by a CNA that while the CNA had been using the sit-to-stand lift to assist Resident 58 with transferring from her wheelchair to bed, the resident's legs had become weak and had given out. The CNA indicated she had lowered the resident to the floor and the resident had remained on the floor.An Event Report, dated 9/19/2025 at 2:47 P.M., indicated the investigation into Resident 58's fall concluded the employee transferring the resident had not followed the facility's policy requiring two employees to operate the sit-to-stand lift while transferring residents.During an interview on 12/11/2025 at 11:07 A.M., the Director of Nursing (DON) indicated the employee assisting Resident 58 transferred the resident incorrectly because the facility required two staff members to be present while operating the sit-to-stand lift. On 12/15/2025 at 11:45 A.M., the DON provided an undated policy tilted, [NAME] Hill Estates Guidelines for Proper Use of the Mechanical Lifts and identified the policy as the one currently used by the facility. The policy indicated, .Two staff members will be present during any mechanical lift transfer for the safety of the resident and staff members 3.1-45(a)

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