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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155831	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarcliff Health & Rehabilitation Center	5024 Western Avenue South Bend, IN 46619

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 observation, interview, and record review, the facility failed to ensure staff used a sling in good working order to transfer 1 of 3 residents reviewed with a mechanical sit to stand lift (Resident K). Findings include:A confidential report, dated December 2025, alleged Resident K had a fall when being transferred from bed to his wheelchair. The fall occurred when the sling strap broke, causing the resident to fall to his knees, striking the back of his neck against the bed frame. Initially, the resident had no injuries but later in the day, had increased pain in his knees and neck and was sent to the ER for evaluation and returned the same day.On 3/18/26 at 1:05 P.M., Resident K's record was reviewed. Diagnoses included surgically repaired cervical stenosis (caused pressure on the spinal cord and nerves) with rod and screws in the neck and spinal cord dysfunction with weakness of extremities.A quarterly Minimum Data Set (MDS) assessment, dated 1/22/26, indicated Resident K had no cognitive impairment. He had impairment in range of motion and function of both upper and lower extremities. He was non-ambulatory and used a wheelchair for mobility. The resident was dependent on staff for transfers to/from bed to chair.Care plans, dated 5/29/24, indicated the resident required assistance with activities of daily living (ADL) due to spinal stenosis. An undated intervention indicated Resident K was to be transferred using an EZ stand mechanical lift with 2 staff. Resident K was at risk for falls due to weakness and decreased mobility. Interventions, dated 12/8/26, were for staff to inspect slings, used to transfer the resident, for visible signs of wear or signs of decreased integrity; and therapy was to confirm safety with sit to stand transfers and resident weight bearing ability.A Post Fall Evaluation note, dated 12/6/25 at 3:33 p.m., indicated Resident K had a witnessed fall on 12/6/25 at 11:31 a.m. 2 Certified Nurse Aids (CNA) were transferring the resident with a mechanical sit to stand lift, when the sling strap broke, causing the resident to fall to his knees. He had no visible injuries and initially, had no complaints of pain, however, he later complained of right knee pain which was dull and aching. He was given Tylenol per orders. The medication was effective in relieving his pain.A nurse progress note, dated 12/6/25 at 10:41 p.m., indicated the resident requested to go to the ER for evaluation of pain from the fall.A nurse progress note, dated 12/7/25 at 3:10 a.m., indicated the resident returned from the ER where scans had been done to check for injuries related to his fall. Per hospital report, a CT scan of his neck and x-rays of his knees were done and hadn't shown serious injuries.Emergency Department discharge instructions, dated [DATE], indicated Resident K was seen at the ER for a fall on 12/6/25. He was diagnosed with a neck strain and sprain to his right knee.On 3/18/26 at 1:50 P.M., the Administrator and Director of Nursing (DON) were interviewed. Both indicated they reported the broken sling strap to the company where purchased. The Administrator indicated the company replaced the sling and indicated they would be conducting an internal investigation. The Administrator indicated he'd not heard anything back from the company. The DON indicated she'd met with staff and re-educated them on inspecting slings prior to using them to transfer residents with a mechanical lift. The Administrator indicated he still had the broken sling strap. The Administrator and DON indicated after the resident's fall, they had gone through and observed all slings used in the facility and threw away slings appearing in poor condition. Both (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 - Minimal harm or potential for actual harm Residents Affected - Few	indicated they currently were not tracking when new slings were put into operation or when they needed replaced according to manufacturer guidelines.Observation of the sling on 3/18/26 at 2:05 PM, indicated the strap had torn off where the strap attached to the body of the sling. Rings on the strap were intact but stiff. The label on the sling was torn and faded without any visible manufacturer directions. The resident's name was written in black marker over the torn label.On 3/18/26 at 2:11 P.M., CNA 3 was interviewed. She indicated on 12/6/25, she and another CNA were going to transfer Resident K from his bed to wheelchair using the stand up mechanical lift. She checked the sling and saw no issues. Resident K was assisted to sit up on the side of his bed, the sling placed around his back, around and under his arms. Loops on the sling were attached to the lift and he was lifted up. He was in a standing position, bent slightly forward when the strap of the sling snapped off and the resident fell to his knees, part on the lift and part on the floor. CNA 3 indicated the resident grazed his head/neck on the bed frame. He had no initial complaints of pain as he and CNA 3 were in a state of shock at the occurrence. Manufacturer guidelines for slings used in the facility, was provided by the DON on 3/18/26 at 3:01 P.M. Manufacturer's Sling Maintenance Best Practices guide indicated: Condition of the sling should be done prior to using-if any fraying or visible wear and tear, do not use; Follow care instruction on wash tag, if illegible, do not use; and re-usable slings should be replaced every 6 months.A Guideline for Identifying Deteriorated Slings, retrieved from website Proactivemedical.com, on 3/18/26, indicated steps to detect accelerated deterioration from bleach, high temperature wash, and drying slings. These steps included:-Slings, especially loop straps that have been damaged from being laundered in unsuitable conditions (bleach, high heat wash or dry) may appear to be in good condition but the actual tensile strength of the material may be compromised and pose a safety risk and should not be used for lifting a patient or resident.-Completely Faded / Missing / Illegible Tag while the main body of the sling fabric is still intact and in relatively good condition can be a good indicator that the sling may have been washed with bleach at high temperature.-Strap Brittleness / Stiffness / Surface and Edge Abrasion are additional indicators that the sling may have been laundered in unsuitable conditions and has lost tensile strength. Loop straps that have stiffened or become brittle will remain in the state, position, or shape it is bent into instead of returning into a normal relaxed state.This Citation relates to Intake 2704736.410 IAC 16.2-3.1-45(a)