STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165552	A. Building B. Wing	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Vinton Lutheran Home	1301 Second Avenue South Vinton, IA 52349

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 - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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(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 - Immediate jeopardy to resident health or safety Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review, facility investigation, manufacturers user manuals, staff interviews and policy review, the facility failed to operate a full body mechanical lift appropriately during resident cares, and failed to use the appropriate slings for the mechanical lift for 3 of 5 residents (Resident #1, #2, #3) reviewed for safe transfers. This failure resulted in an immediate jeopardy when Lift #1's (brand specific) spreader bar had over a 1 centimeter (CM) gap between the hook cradle and the rubber stopper. When staff failed to clear Resident #1 bottom over a bed wedge cushion, the lift sling strap lifted up off the spreader bar hook, resulting in Resident #1 falling to the floor with a 3 - 4 CM (centimeter) gash to the back of her head. Resident #1 was hospitalized on [DATE] with a subdural hemorrhage and intraventricular hemorrhage (a collection of blood that accumulates between the inner layer of the skull and the surface of the brain). On 9/26/25, Lift #1 was utilized for 6 residents that required a full body mechanical lift. The facility reported 8 residents utilized a full body mechanical lift as of 10/16/25. The facility also failed to appropriately utilize standing lift slings and communicate to staff regarding standing lift sling size for one of two residents reviewed for standing lifts (Resident #8). The State Agency informed the facility of the Immediate Jeopardy (IJ) on 10/16/25 at 5:12 PM. The Immediate Jeopardy to the residents' health and safety began on 9/26/25. The State Agency determined the facility removed the IJ from a K (pattern of deficiency with actual harm) to a G (isolated with actual harm) as of 10/17/25 through updated review of the full body mechanical lift manufacturer's user manuals, assessment of residents for appropriate sling size, staff education on appropriate use of the full body mechanical lift; education provided to maintenance personnel on lift inspection, and placement of a monthly lift inspection program. The facility corrected the IJ on 10/17/25 through the following:a. 10/16/25 lift slings were evaluated and all slings that did not meet standards of manufacturer recommendation were removed.b. 10/16/25 lift slings recommended by the manufacturer were obtained. c. The DON (Director of Nursing) and Maintenance Director reviewed the lift manual directions for proper use. The DON planned to conduct staff education for staff that operate the lifts.d. 10/16/25 the Maintenance Director reviewed the manufacturer recommendations for the brand specific full body mechanical lift and created a checklist to conduct monthly and as needed lift inspections. e. 10/16/25 at 5:30 PM the Maintenance Director evaluated all the facility lifts. f. 10/17/25 the DON provided staff education and full body mechanical lift and sling demonstration education. The DON created a Sling Size Guide Chart by weight (brand specific) for the full body mechanical lift and communicated each resident specific size of sling to be used with the full body mechanical lift. The Chart specified when transferring residents, when the resident is in the full body mechanical lift, the legs must be opened to provide a wide base to distribute the weight and prevent the lift from tipping over. If the open legs will not fit under the bed, close the legs only as long as it takes to position the lift over the resident and lift the resident off the surface of the bed. Reopen the legs when the legs of the lift are no longer under the bed. The facility reported a census of 48 residents. Findings include:1. Resident #1's Minimum Data Set (MDS) assessment dated [DATE] documented Resident #1 as rarely/never understood with a long/short term memory problem, unable to recall the current season, location of own room, staff names and faces, or that they are in a nursing home, and had severely impaired daily decision making. Resident #1 had upper and lower body functional limitations in range of motion and utilized a wheelchair. Resident #1 was dependent upon staff for chair/bed to chair transfers. The MDS listed diagnoses of non-traumatic brain dysfunction other Alzheimer's Disease, Alzheimer's Disease, seizure disorder, anxiety, and other chronic pain. The MDS noted Resident #1 had not had any falls since the prior assessment.The Activities of Daily Living (ADL) Function Care Plan dated 8/26/21 directed Resident #1 did not walk and to transfer the resident using a full body mechanical lift (Hoyer style lift will be referred to as a full body mechanical lift) with assistance of two staff. The Care Plan lacked direction to the staff of which full body mechanical lift to use, type or size of lift sling to use for transfer. The Transferring Section of the resident's Kardex (care guide) directed to use a full body mechanical lift with two staff and did not specify the type of lift of size of sling.A 9/04/25 Fall Assessment Tool documented Resident #1 scored 7, which indicated a moderate fall risk. A Facility Self Report filed with the Iowa Department of Inspection, Appeal and Licensing detailed the following Incident Summary:On 9/26/25 at approximately 10:35 AM the Director of Nursing (DON) heard over a Certified Nursing Assistant (CNA) call for a nurse STAT (immediately) to Resident #1's room. The DON ran to Resident #1's room and observed Resident #1 laying in the fetal position on her right