

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2026
NAME OF PROVIDER OR SUPPLIER Oakhill Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 76 North Street Middleboro, MA 02346	
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 records reviewed and interviews for one of three sampled residents (Resident #1) who required the use of a mechanical lift with the assistance of two staff members for transfers, the Facility failed to ensure he/she was provided with the appropriate assistive device (correct size mechanical lift sling/pad) in order to maintain his/her safety during a transfer, when Certified Nurse Aide (CNA) #1 and CNA #2 used a sling pad that was too big for him/her, Resident #1 slid out of the sling pad during the transfer, fell to the floor, and was transferred to the Hospital Emergency Department (ED) for an evaluation. Findings Include: Review of the Facility's Policy titled, Safe Lifting and Movement of Residents, dated as revised May 2018, indicated the following: -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.-staff responsible for direct resident care will be trained in the use of manual and mechanical lifting devices.-mechanical lifting devices shall be used for heavy lifting, including lifting and moving residents when necessary.-staff will be trained on the safe use and care of the machines and equipment used in this facility allowed to lift or move residents.-staff will obtain competency in using mechanical lifts and will receive periodic training for adherence to policies and procedures regarding use of equipment and safe lifting techniques.-enough slings, in the sizes required by residents in need, will be available at all times. Review of the Report submitted by the Facility via Health Care Reporting System (HCFRS), dated 04/30/26, indicated that on 04/27/26 at 5:00 A.M. Resident #1 was being transferred out of bed to wheelchair by two Certified Nurse Aides (CNAs) via the Hoyer lift. The Report indicated that CNA #1 was guiding the Hoyer (mechanical) lift and CNA #2 was assisting with the guidance of Resident #1. The Report indicated that as CNA #1 began to move the Hoyer lift towards the wheelchair, the Hoyer lift banged into the back wheel of the wheelchair causing Resident #1 to swing back and forth. The Report indicated that Resident #1 slid out through the opening at the bottom of the Hoyer pad (sling) onto the floor on his/her right side, and he/she complained of generalized pain. The Report further indicated that Resident #1 was assessed by the Nurse (later identified as Nurse #1) with no visible injuries noted, and he/she had complained of generalized pain. The Report indicated that Resident #1's provider was notified and he/she was transferred to the Hospital ED for evaluation. Resident #1 was admitted to the Facility in October 2023 diagnoses included dementia, low back pain, spondylosis with radiculopathy lumbar region (nerve compression caused by age-related degeneration of the spine), atrial fibrillation (irregular heartbeat), hypothyroidism, hypertension, and insomnia. Review of the Quarterly Minimum Data Set (MDS), dated [DATE], indicated Resident #1 was severely cognitively impaired, with a Brief Interview for Mental Status (BIMS) score of 06 out of 15 (0-7 indicates severe cognitive impairment, 8-12 indicates moderate cognitive impairment, 13-15 indicates cognitively intact) and he/she was dependent on chair/bed-to-chair transfers with the assistance of two or more helpers. Review of Resident #1's Care Plan related to Activities of Daily Living (ADL), reviewed and renewed with his/her March 2026 MDS, indicated that he/she was dependent on transfers with the use of a Hoyer (mechanical) lift. Review of Resident #1's Fall Incident Report, dated 04/27/26, (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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2026
NAME OF PROVIDER OR SUPPLIER Oakhill Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 76 North Street Middleboro, MA 02346	
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	(completed by Nurse #1) indicated Nurse #1 was called by the CNA (later identified as CNA #1) that Resident #1 fell out of the Hoyer lift with a head strike. The Report indicated that Nurse #1 found Resident #1 on the floor on his/her right side. The Report indicated that per CNA (CNA #1) report, Resident #1 was in the Hoyer lift [sling/pad] to be transferred to his/her wheelchair; while turning the Hoyer lift the base of the lift hit the wheelchair, he/she slid off the Hoyer pad (sling) and fell on the ground [floor]. The Report further indicated that Resident #1 was assessed, he/she denied loss of consciousness (LOC), skin with no visible injury and his/her pain level was rated 10/10 (0-10 numeric pain scale is a standard tool used to measure pain intensity; 0 represents no pain, 1 to 3 mild pain, 4 to 6 moderate pain, 7 to 10 severe pain). The Report indicated that the Nurse Practitioner (NP) was notified and Resident #1 was sent to the Hospital ED for evaluation. During an in-person interview on 06/02/26 at 4:07 P.M. and a telephone interview on 06/04/26 at 8:51 A.M., (which included review of her written employee statement), Nurse #1 said that on 04/27/26 around 5:00 A.M., CNA #1 called her to Resident #1's room because he/she had fallen. Nurse #1 said that she went to Resident #1's room, observed him/her on the floor lying on his/her right side, the right side of his/her head was resting on one of the legs of the Hoyer lift and that the sling pad was hanging from the Hoyer lift bar. Nurse #1 said she immediately assessed Resident #1 and he/she had no visible injuries. Nurse #1 said she asked Resident #1 if he/she had pain, he/she stated yes, a lot and said she rated his/her pain level 10 out of 10. Nurse #1 said she notified the on-call NP, and an order was given to send Resident #1 to the Hospital ED for evaluation. Nurse #1 said she asked the CNAs what had happened and said CNA #1 told her that they (CNA #1 and CNA #2) were transferring Resident #1 with the Hoyer lift and that CNA #1 said when she turned the Hoyer lift, the base of the Hoyer lift hit the wheelchair and Resident #1 slid out of the sling pad onto the floor. Nurse #1 said she observed the sling pad (which was orange colored) hanging from the Hoyer lift bar after Resident #1's fall but she did not know what size that sling pad was and said she had not checked to see if the lower straps had been crisscrossed by the CNAs. Nurse #1 said the size of the mechanical lift sling pad to be used for transferring a resident is based on their weight and that the color of the sling pad indicates the size. Nurse #1 said she did not know if the CNAs had used the appropriate size sling pad to transfer Resident #1 because she did not know what the size of the orange sling pad (used by the CNAs) was. During an interview on 06/02/26 at 1:07 P.M., (which included review of her written employee statement), CNA #3 said she worked the 7:00 A.M. to 3:00 P.M. shift on 04/27/26 on Resident #1's unit. CNA #3 said at the start of her shift CNA #1 told her that Resident #1 had been sent to the Hospital because he/she fell out of the Hoyer lift and needed x-rays. CNA #3 said she asked CNA #1 how Resident #1 fell out of the Hoyer lift and said CNA #1 told her that she and CNA #2 did not have the right size sling pad and that CNA #1 told her that they had used an orange sling pad. CNA #3 said the size of the orange sling pad was extra-large and said that staff uses a blue mesh sling pad which is a size small to transfer Resident #1 with the Hoyer lift. Review of the Mechanical Lift Application and Use Competencies for CNA #1, dated 04/02/25, and CNA #2, dated 07/16/25, indicated they were both observed and determined to be competent performing transfers using a Mechanical lift, which included: -choose the proper lift sling according to the person's weight and the purpose of the lift; follow the manufacturer's guidelines for sling size; rationale ensures safety and proper use of equipment. -position the chair, wheelchair near the bed but with enough space for the lift to move and pivot; rationale minimizes risk of injury. During an in-person interview on 06/02/26 at 3:19 P.M. and a telephone interview on 06/04/26 at 9:22 A.M., (which included review of her written employee statement), Certified Nurse Aide (CNA) #2 said that on 04/27/26 she and CNA #1 used the Hoyer lift to transfer Resident #1 from his/her bed to the wheelchair. CNA #2 said they placed an orange sling pad under Resident #1; they hooked up the same color upper loops, the middle loops, and then crisscrossed the lower straps before hooking them onto the Hoyer lift. CNA #2 said CNA #1 operated the Hoyer lift, that CNA #1 raised the lift with Resident #1 seated in the sling/pad, pulled the Hoyer lift away from the bed, then CNA #1 turned the Hoyer lift to the right and said that she (CNA #2) heard (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2026
NAME OF PROVIDER OR SUPPLIER Oakhill Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 76 North Street Middleboro, MA 02346	
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	a banging sound. CNA #2 said the bottom legs of the Hoyer lift hit the wheelchair, Resident #1 started to swing, and he/she slid out the bottom of the sling pad onto the floor landing on his/her right side. CNA #2 said when CNA #1 first raised Resident #1 up with the Hoyer lift for the transfer he/she was not in a full upright sitting position and said that his/her body was in more of a lying position. CNA #2 said for residents that are transferred with the Hoyer lift, the sling pads are usually left in their rooms. CNA #2 said they (CNAs) have always used a blue mesh sling pad to transfer Resident #1, but the blue mesh sling pad was not in his/her room that morning. CNA #2 said that CNA #1 had brought an orange sling pad into Resident #1's room, and they used it to use to transfer him/her. CNA #2 said that she did not know the size of an orange sling pad but said that the orange sling pad was too big for Resident #1. During an interview on 06/03/26 at 10:43 A.M., (which included review of her written employee statement), CNA #1 said on 04/27/26 she and CNA #2 used the Hoyer lift to transfer Resident #1. CNA #1 said she and CNA #2 positioned the sling pad under Resident #1, hooked the same color upper loops, crisscrossed the lower straps up under Resident #1's legs and hooked the loops of the legs to the lift and then hooked the middle loops to the lift last. CNA #1 said she operated and guided the Hoyer lift while CNA #2 stood on the side of Resident #1's wheelchair. CNA #1 said when she raised Resident #1 up off the bed he/she was in an upright sitting position, then she backed the Hoyer lift out from under the bed and said that as she turned the Hoyer lift to the right the legs of the lift hit the back of the wheelchair. CNA #1 said Resident #1 swung forward then swung backwards and said that he/she slid out the bottom of the sling pad and fell onto the floor landing on his/her right side. CNA #1 said when Resident #1 fell onto the floor he/she yelled Ow, she asked him/her if he/she was okay and Resident #1 said no. CNA #1 said the sling pads that are used to transfer residents with the Hoyer lift are left in their rooms. CNA #1 said the blue mesh sling pad in Resident #1's room was soiled and said that she went to the laundry room and the only clean sling pad available was an orange one. CNA #1 said she thought the size of an orange sling was small to medium, that she had used an orange sling pad to transfer Resident #1 before, but they (CNAs) usually use the blue mesh sling pad. CNA #1 said the size of the sling pad to be used is based on a resident's weight and said that the nurses inform the CNAs what size sling pad should be used for a resident. During an in-person interview on 06/02/26 at 4:42 P.M. and a telephone interview on 06/15/26 at 3:51 P.M., the Director of Nursing (DON) said she was notified on 04/27/26 by Nurse #1 that Resident #1 fell out of the mechanical lift, and he/she was transferred to the Hospital ED for evaluation. The DON said after Resident #1's fall she inspected the orange sling pad that was used to transfer Resident #1 it had no rips, tears or holes. The DON said CNA #1 and CNA #2 demonstrated to her how they transferred Resident #1. The DON said she could not understand how Resident #1 slid out from the bottom of the sling pad because CNA #1 and CNA #2 insisted that they had crisscrossed the lower straps between Resident #1's legs. The DON said that the CNAs had used an orange sling pad which was a larger sized sling pad and said that she thought an orange sling pad was too big for Resident #1. The DON said it was her expectation that the CNAs use the appropriate size sling pads for residents when transferring them with the Hoyer lift and that they follow the proper guidelines and safety when using the Hoyer lift. The DON said if the CNAs do not know or have any doubt of what size sling pad to use for a resident, they need to stop what they are doing and ask the Nurse. On 06/02/26, the Facility was found to be in Past Non-Compliance and presented the Surveyor with a plan of correction with an effective date of 05/02/26, which addressed the area(s) of concern as evidenced by: A. On 04/27/26, Resident #1 was assessed by the Nurse, and he/she was transferred to the Hospital ED for evaluation. Resident #1 did not return to the Facility. B. On 04/27/26, the Maintenance Director conducted an audit on all mechanical lifts in the Facility to ensure they were in proper working condition. C. On 04/27/26, the Director of Nursing inspected the Hoyer lift sling pad used to transfer Resident #1, and it was found to be in good condition with no rips or tears. D. On 04/27/26, the Director of Nursing inspected all Hoyer lift sling pads in the Facility to ensure they were in good condition with no rips or tears. E. On 05/01/26, the Rehab Department conducted Rehabilitation (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2026
NAME OF PROVIDER OR SUPPLIER Oakhill Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 76 North Street Middleboro, MA 02346	
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	Screens/assessments on all residents who required transfer with a Hoyer lift to determine the appropriate pad/sling size to be used by staff for resident transfers. F. Nursing Management updated all residents' Care Plans and Kardex's for those residents who required transfer with a Hoyer lift to include the appropriate sling/pad size to be used for transfers. G. On 05/01/26 the Regional Clinical Educator and Unit Manager initiated education to all Licensed Nursing staff and Certified Nurse Aides on Hoyer lift transfers and return demonstration competencies were performed. H. The Director of Nursing and/or designee will continue to conduct Random Observation audits on residents' transfers via the Hoyer lift to ensure the proper lift pad is used and that staff are following proper procedure, starting with three times weekly for four weeks, then weekly for four weeks, then monthly for three months or until substantial compliance is achieved. I. The results of the Random Observation audits will be presented and reviewed at the monthly QAPI meeting for three months or until substantial compliance is achieved. J. The Director of Nursing and/or designee are responsible for overall compliance.		