STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235381	A. Building B. Wing	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mymichigan Medical Center-Sault	500 Osborn Blvd Sault Sainte Marie, MI 49783

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** 41978 This citation pertains to intake MI00150095. Based on observation, interview and record review, the facility failed to follow care planned interventions to ensure staff performed safe transfers for two Residents (#1 and #3) of four residents reviewed. This deficient practice resulted in actual harm when Resident #1 experienced a fall resulting in a right femur fracture and subsequently required surgical intervention and pain. Findings include: Resident #1 (R1) Review of a Witnessed Fall, report, provided by the Director of Nursing (DON) and dated 1/29/2025 at 5:41 p. m., revealed the following: Resident [R1] was ambulating x 1 CNA [Certified Nursing Assistant] assist to toilet when legs became weak, and the resident was lowered to the ground with a gait-belt . Immediately post lowering the resident complained of right leg pain. RLE [right lower extremity] appeared to be shortened and foot inverted . did [complain of] right leg/thigh pain .The resident was assisted with a transfer sheet onto a stretcher and immediately transferred to the ED [emergency department]. Review of R1's Emergency Department Evaluation Note, dated 1/29/2025 at 5:00 p.m., revealed the following: Patient [R1] . from our long-term care facility that presents following a fall from standing . Reports landing and hitting her right hip on the ground . Reporting pain 10 out of 10. Patient was noted to have shortening and internal right rotation of her right lower extremity . preliminary bedside read of right knee x-ray revealed a distal femur spiral fracture [fracture of the distal thigh bone resulting from a twisting motion] . Review of R1's x-ray report, dated 1/29/2025 at 8:11 p.m., revealed R1 had a comminuted [broken in at least two places], displaced fracture of the distal femur. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235381	A. Building B. Wing	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mymichigan Medical Center-Sault	500 Osborn Blvd Sault Sainte Marie, MI 49783

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	Review of R1's hospital Procedure Note, provided by the DON, dated 1/30/2025, revealed R1 underwent right distal femur open reduction internal fixation (surgical procedure to place an implant to stabilize broken bones) on 1/30/2025 at 3:12 p.m. Review of the facility incident investigation summary submitted to the State Agency (SA) on 2/6/2025 at 4:43 p.m., revealed the following: The facility investigation concludes that [CNA C] . transferred [R1] as a one-assist while [R1] was care planned as a two-assist transfer . Review of the most recent quarterly Minimum Data Set (MDS) assessment, dated 1/9/2025, revealed R1 was admitted to the facility on [DATE] with diagnoses including heart failure, chronic obstructive pulmonary disease (COPD) and dementia. Further review of the MDS revealed R1 had severe cognitive impairment and required substantial/maximal assistance (helper does more than half the effort) for sit to stand, chair/bed-to-chair and toilet transfers (the ability to get on and off a toilet or commode). On 2/19/2025 at 11:15 a.m., R1 was observed seated in a wheelchair at a table in the dining room. R1's right leg was elevated and resting on a leg rest while her left leg was in a dependent position with her left foot resting on the left foot pedal. During a telephone interview on 2/19/2025 at 2:20 p.m., CNA C recalled R1's fall on 1/29/2025. CNA C stated she was assisting R1 to the bathroom by positioning R1, seated in a wheelchair, between the entrance to R1's room and the bathroom doorway. CNA C stated she placed a gait belt around R1's upper abdomen and assisted the R1 to take a couple steps into bathroom from the chair and then assisted R1 to pivot into position in front of the toilet. While turning to position R1 in front of the toilet, R1 began calling out I'm falling. CNA C stated R1 was facing the doorway, with the toilet to R1's right side, when R1 began to fall. CNA C reported she was standing in front of R1 at that time and using one hand to grip the gait belt and her other hand to grasp the waistband of R1's pants, and lowered R1 to the ground at which time R1 reported pain in her right leg. When asked what position R1's right leg was in after the fall, CNA C stated she [R1] was sitting on it. CNAC stated no other staff were present to assist her in transferring R1 to the toilet. When asked what R1's transfer was in accordance with R1's comprehensive care plan, CNA C reported the care planned interventions were posted on the inside of R1's closet but she did not check R1's care plan prior to the attempt to transfer R1 to the toilet on 1/29/2025. CNA C stated, I had seen the resident transferred a million times with only one-person assistance, so I thought it [R1's transfer status] hadn't changed. Review of R1's care plan revealed the following, in part: [R1] has an ADL [activities of daily living] self-care performance deficit [related to] dementia, limited mobility, pain to her lower back . Interventions: Two assist with gait belt and wheeled walker, able to bear full weight but uses two people to enable the standing position, Date Initiated: 9/24/2025, Resolved: 2/05/2025 . Toilet Use: [R1] requires assistance by 2 staff for toileting, Date Initiated: 5/02/2024. Further review of R1's care plan revealed: [R1] is at risk for falls related to unsteady gait, weakness, poly-pharmacy and evidenced by unable to walk or transfers without assistance, Date Initiated: 4/01/2024 . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235381	A. Building B. Wing	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mymichigan Medical Center-Sault	500 Osborn Blvd Sault Sainte Marie, MI 49783

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	During an interview on 2/19/2025 at 4:00 p.m., the DON confirmed the facility investigation determined the root cause of R1's fall on 1/29/2025 was staff failure to follow R1's comprehensive care plan related to R1's transfer status. The DON reported CNA C attempted to transfer R1 alone when R1 was care planned for two-person assistance for toileting. The DON reported staff should follow the resident-specific interventions related to transfer status to ensure resident safety. When asked how staff know what each resident's transfer status was, the DON stated individual care plan reports are posted inside each resident's closet for easy reference by staff. Resident #3 (R3) Review of the MDS assessment, dated 2/19/2025, revealed R3 was admitted to the facility on [DATE] with diagnoses including dementia, anxiety and a history of repeated falls. Further review of the assessment revealed R3 had severe cognitive impairment and required substantial/maximal assistance (helper does more than half the effort) for sit to stand, chair/bed-to-chair and toilet transfers (the ability to get on and off a toilet or commode). Review of R3's care plan on 2/19/2025 at 10:58 a.m. revealed the following: [R3] has an ADL self-care performance deficit [related to] cognitive, loss, weakness, history of pelvic fracture . Date Initiated: 5/03/2024 . Transfers: [R3] requires assistance by 2 staff to transfer with the [sit-to-stand] lift (yellow sling). Date Initiated. 5/23/2024. Revision on 2/12/2025. On 2/19/2025 at 1:24 p.m., R3 was observed being transferred from a wheelchair to the toilet by CNA D and Registered Nurse (RN) A using a sit-to-stand mechanical lift. CNA D fastened a green trimmed lift sling around R3's torso and attached the sling to the lift. RN A instructed R3 to hold the hand grips as CNA D began to lift the resident from the wheelchair. R3 was observed unable to place her feet flat on the base of the lift to allow her to stabilize her position on the lift. CNA D lowered R3 back down to a seated position in the wheelchair and reported R3 was not appropriate to use the sit-to-stand mechanical lift due to R3's inability to place her feet flat on the base of the lift for stability. CNA D stated R3 would be transferred to the bed for care delivery. RN A was observed securing a gait belt around R3's upper abdomen. Seated in the wheelchair, R3 was positioned next to her bed and RN A stood on R3's left side while CNA D stood in front of R3 as they pulled R3 to standing and pivoted the Resident to a seated position on the bed. Immediately following the observation, the care plan report attached inside of the door of R3's closet was reviewed with CNA D and RN A. Upon review of the care plan, CNA D reported R3 was care planned for two-person assist with the [NAME]-lift [sit-to-stand lift] using a yellow sling. CNA D reported the yellow sling was broken therefore they had to use green because there were no other slings available for use. The care plan revealed no intervention indicating R3 could be transferred with a gait belt and two-person assist if R3 was unable to use sit-to-stand lift to transfer. CNA D stated R3 was hit and miss with her transfer ability and because she knew R3, she felt the R3t was appropriate to transfer with a gait belt and two-person assistance. When asked if facility policy allowed for staff to use a lesser means of transfer when Resident's failed at the care planned transfer status, RN A stated she was unsure of what was acceptable according to facility policy. CNA D reported R3's transfer status changed, and staff are not alerted when changes to care plans were made. CNA D stated staff must check for changes by checking the care plans daily. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235381	A. Building B. Wing	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mymichigan Medical Center-Sault	500 Osborn Blvd Sault Sainte Marie, MI 49783

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	During an interview on 2/19/2025 at 2:38 p.m., Physical Therapist (PT) G reported R3 was recently referred for evaluation due to staff concerns R3 could not always transfer safely with just the use of a gait belt and staff assistance. PT G confirmed R3's transfer status was changed to a two-person assist with the sit-to-stand mechanical lift. When asked if it was appropriate for staff to utilize a lesser means of assistance without further evaluation, PT G stated staff should obtain a therapy evaluation to ensure residents are safe to use less assistance. During an interview on 2/19/2024 at 4:00 p.m., the Director of Nursing (DON) reported the facility did not have a policy related to safe, staff-assisted transfers. The DON stated the facility was in the process of reviewing policies for relevance to the long-term care setting and would be considering a policy related to staff-assisted transfers. A review of the National Institute of Health (NIH) National Library of Medicine guidelines located at https://www.ncbi.nlm.nih.gov/books/NBK564305/, accessed on 3/3/25, regarding patient/resident safety for transfer from a bed to a wheelchair read as follows: Transferring patients from a bed to a wheelchair requires understanding the patient's needs. Always communicate with the person being transferred so that assistance is given at the appropriate time, allowing for coordination between the assistant and the patient. A one-person assist may be performed if the patient can bear weight on both lower extremities and predictably take small steps. If these criteria are not met, a 2-person transfer or a mechanical lift may be necessary to transfer the patient safely . This would indicate a more supportive transfer assistance would be more appropriate in the above observation of R3 and not a less supportive transfer.