STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245183	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Ridge Health and Rehab	5430 Boone Avenue North New Hope, MN 55428

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 - Some	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 document review the facility failed to use the correct brand sling for Hoyer (full-body mechanical lift) in accordance with manufacturer's instructions for (R1) who had a fall from a lift and failed to ensure comprehensive assessments for Hoyer sling sizes completed according to manufactures recommendations and failed to ensure the sling size was represented on the care plan for 2 of 2 residents (R1, R2) who required Hoyer lifts for transfers. In addition, the facility failed to ensure comprehensive harness assessments were completed to ensure safe transfers for 3 of 3 residents (R3, R4, R5) who required the sit-to-stand mechanical lift for transfers.Findings include:R1R1's annual Minimum Data Set (MDS) assessment dated [DATE], identified R1 had moderate cognitive impairment and no behaviors or rejection of care. R1 had an impairment to one side of upper and lower extremity and was dependent on staff with wheelchair mobility and transfers. The MDS identified R1 had a diagnosis of hemiplegia (a form of paralysis which affects one side of the body) or hemiparesis (weakness or the inability to move on one side of the body).R1's Nursing: Lift and Transfer Evaluation - V 4 dated 4/9/23, identified R1 required transfer assistance with two staff and a floor lift. However, even though R1's weight was 220 pounds on the assessment, a large sling size with a weight range of 301 to 450 pounds was selected instead of the medium size rated for 101 to 300 lbs. In review of the facility Lift and Transfer Evaluation identified inconsistencies for sling size weight ranges when compared to the manufacturer's directions. The facility Nursing: Lift and Transfer Evaluation - V 5 directed staff to assess resident ability to independently transfer, anticipation to require mechanical or physical assistance, cooperation, ability to follow instructions, number of staff required for transfer, ambulatory status, weight bearing status, trunk strength and neck control, ability to maintain a seated position, and weight. The facility transfer assessment directed staff to choose a sling size based on residents' most recent weight with ranges however, the weight ranges were not consistent with the manufacturer's and the assessment did not include or prompt entry points for measurements to ensure proper fit for safety.-Small 0 pounds to 100 pounds-Medium 101 pounds to 300 pounds-Large 301 pounds to 450 pounds-Extra large 450 pounds to 600 pounds-Bariatric or greater than 500 pounds-Standard Sit to Stand Sling Joerns Healthcare Hoyer Loop Style Sling Color/Size Chart - Standard Size dated 2021, indicated weight range should only be used as a guideline as other factors can affect sizing. The Quickfit and Full Back Hoyer slings were sized as small (red color) from 75 pounds to 150 pounds, medium (yellow color) from 125 pounds to 200 pounds, large (green color) 175 pounds to 350 pounds. Additionally, The Joerns Hoyer Family Brochure dated 2025, identified four measurement areas on a Full Back Sling which included measurement which may represent shoulder-width, shoulders to bottom of backside, shoulders to end of sling, and top of head to shoulders. Three measurement areas on a Quickfit Sling included shoulder width, shoulders to bottom of backside, and shoulders to end of sling.During an interview on 6/17/26 at 11:32 a.m., the director of nursing (DON) reviewed R1's transfer assessment dated [DATE] and verified the inconsistent weight and sling size selection. DON indicated a medium size should have been selected based on the (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245183	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Ridge Health and Rehab	5430 Boone Avenue North New Hope, MN 55428

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 - Some	facility assessment weight ranges.During interview on 6/18/26 at 2:16 p.m., Joerns product support representative (PSR)-B stated weight was a general reference for size of slings and resident measurements were more important and the standard for sizing of slings. PSR-B stated to measure residents for sling sizing based on the sling reference points in the family brochure and to assess if resident was pear versus apple shapedR1's activity of daily living (ADL) care plan dated 4/7/26, identified R1 had an ADL self-care performance deficit related to activity intolerance and required transfers with a Hoyer (brand of full body mechanical lift) lift and two staff. R1's care plan, Kardex (an electronic file which gives a brief overview of each resident in accordance with residents' care plans), and point of care tasks did not indicate what size sling to use to transfer R1 at the time of the incident.R1's fall incident report dated 6/10/26 at 6:20 p.m., identified R1's Hoyer sling ripped during a transfer to his bed, and R1 fell to the ground and hit his head. R1 had blood around the occipital area of the head, and the area was cleansed and pressure applied, and bleeding stopped. R1's provider was notified and was sent to the emergency room. R1's Emergency Department Note dated 6/10/26, identified R1 had no acute fractures or dislocations and no intracranial hemorrhage. The note identified there was no laceration to close.R1's progress note dated 6/11/26 at 6:33 a.m., identified R1 returned to the facility around 11:00 p.m. on 6/10/26 with no new orders.R1's Nursing: Lift and Transfer Evaluation - V 5 dated 6/10/26, identified R1 required transfer assistance with two staff and a floor lift. The assessment indicated R1 had a twenty-pound weight loss and would require a different size sling; R1's weight was 200.6 pounds and required a medium sized sling based on a weight scale range of 101 to 300 pounds.R1's point of care task on 6/11/26 identified R1 required a medium sized transferring sling.During interview on 6/17/26 at 11:20 a.m., R1's family member showed surveyor a picture of R1 on his bed with a white colored sling underneath him on 6/10/26 at approximately 3:30 p.m. The white colored sling had a green trim. R1's family member stated she had seen the white-colored sling for a while and staff used different colored slings to transfer R1.During observation and interview on 6/16/26 at 4:15 p.m., the senior administrator presented the sling used (Medline sling) for R1 on 6/10/26. The sling was white colored with a green colored trim and had eight straps/loops. The sling tag identified the sling was a Medline brand, a large sling size, and had a capacity of 700 pounds. The rip in the sling was about half a foot or less into the edge of the sling around where R1's head and back/side would have been, and the rip was about five feet in length. The brand of sling was different than the ones used by the facility, and the senior administrator was not sure where the sling used for R1 came from. The senior administrator stated the management team returned to the facility the evening of 6/10/26 and removed slings which were not slings from the facility, such as the Medline sling used for R1 on 6/10/26. The Medline sling manufacturer's instructions for use dated 12/18/23, directed users to confirm sling compatibility between the connection style of the patient sling and patient lift before use. If other lift cradles were used besides the manufacturer's loop-style 6-point cradle, the user should confirm compatibility between the hoist and the sling. The instructions directed users to refer to the weight capacity of the sling when selecting a size and to use clinical judgment for body shape and patient comfort when selecting between sizes. The instructions directed users to replace slings every six months and never launder a disposable sling.During interview on 6/17/26 at 10:33 a.m., Joerns product support representative (PSR)-A stated the Hoyer lifts the facility used had a six-point spreader bar. PSR-A recommended staff to use the Hoyer brand slings with their lifts, since the slings were specifically designed and tested with their lifts. PSR-A could not guarantee other brands of slings would be compatible with their lifts, because they did not test other brands of slings with their machines.During interview on 6/16/26 at 1:31 p.m., nursing assistant (NA)-F stated she and another staff member transferred R1 on 6/10/26 with a Hoyer sling which was already underneath him. NA-F did not remember what size sling was used and stated she did not see any concerns with the sling before use. NA-F and another staff member attached the sling to the Hoyer lift and lifted up R1 from his wheelchair. Upon removing the wheelchair from underneath him, the sling tore and R1 fell to the floor. NA-F stated all the loops (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245183	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Ridge Health and Rehab	5430 Boone Avenue North New Hope, MN 55428

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 - Some	were still hooked onto the lift after the sling tore and R1 fell through the sling. During follow-up interview on 6/17/26 at 8:54 a.m., NA-F stated Hoyer slings were kept in resident rooms. NA-F was not sure how long R1 had the white colored Hoyer sling and stated he had different colored slings staff used with him. NA-F stated she had placed white colored slings in the laundry previously when she saw them. During interview on 6/16/26 at 2:31 p.m., registered nurse (RN)-E stated he worked the evening of 6/10/26 and responded to the alert R1 fell from the Hoyer sling. RN-E stated R1 had a small cut on the back of his head, and RN-E cleansed the area with saline and applied pressure to stop the bleeding. RN-E notified R1's family, provider, and the supervisor and sent R1 to the hospital. RN-E stated when he first entered the room, the sling was ripped, all sling straps were still hooked to the lift, and the sling was white colored. RN-E stated staff received education about how to check sling size before use RN-E stated the nursing assistants normally transferred residents and expected them to know and use the correct sling size to transfer residents who required a full body mechanical lift for transfers.During interview on 6/17/26 at 2:16 p.m., housekeeping/laundry staff (H)-A stated they had seen white colored slings come through the wash before. H-A stated they used to wash and store clean slings in bins where staff came and took as needed, but now she gave all washed slings to her supervisor and had not seen any white colored slings for approximately two weeks.During interview on 6/16/26 at 12:09 p.m., the assistant director of nursing (ADON) stated on 6/10/26 she was notified of R1's fall from an onsite supervisor and forwarded the message to the clinical team. The ADON explained all management returned to the facility the evening of 6/10/26 to check all slings and lift machines then started staff education and completed transfer assessments to ensure appropriate sling size on 6/10/26 or 6/11/26 for all residents who required Hoyer lifts; however, clarified on 6/18/26 at 1:49 p.m. the assessments had been completed only using the weights, care plans, and discussion with nurse managers and she did not observe the transfers to make sure no other measurements or considerations were required to ensure proper fit for safe transfers. The two staff members who transferred R1 were pulled from the schedule and sent out of the facility. ADON expected staff to verify sling integrity and size before each use. The staff were educated to use the Hoyer lift with two staff members. The ADON expected the MDS nurse to trigger a quarterly transfer assessment and nurse managers to update resident care plans and Kardex to reflect correct transfer status and sling size if applicable. During interview on 6/16/26 at 2:11 p.m., the DON stated management was notified of R1's fall and the management team returned to the facility the evening of 6/10/26 to conduct transfer assessments for residents who used a Hoyer sling and audits on sling integrity and removed any slings with compromised integrity or slings which were not facility slings. The DON stated the sling used for R1 was not one of the facility's slings and not meant for long-term use and believed the sling came from a hospital. The management team ensured care plans reflected transfer status and the requirement for two staff during Hoyer lift transfers, and residents' point of care tasks reflected the correct sling size. Staff education R2R2's annual Minimum Data Set (MDS) assessment dated [DATE], identified R2 had short and long-term memory problems and severely impaired cognitive skills for daily decision making. The MDS identified R2 did not have behaviors or reject care. R2 had impairment to both upper and lower extremities and was dependent on staff for wheelchair mobility, transfers, and other activities of daily living. R2's diagnoses included hemiplegia (a form of paralysis which affects one side of the body) or hemiparesis (weakness or the inability to move on one side of the body).R2's Nursing: Lift and Transfer Evaluation - V 5 dated 7/24/25, identified R2 required transfer assistance with two staff and a floor lift. R2's weight was 147.5 pounds and required a medium sized sling based on a weight range of 101 to 300 pounds.During interview on 6/17/26 at 11:32 a.m., the DON reviewed R2's transfer assessments and verified R2's last transfer assessment, besides the transfer assessment on 6/10/26, was 7/24/25. The DON stated transfer assessments were important to communicate transfer status and assess correct sling size.R2's physical mobility care plan dated 3/11/26, identified R2 was dependent with Hoyer (brand of full body mechanical lift) lift for transfers. R2's care plan, Kardex, and point of care tasks did not (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245183	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Ridge Health and Rehab	5430 Boone Avenue North New Hope, MN 55428

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 - Some	identify sling size at the time of R1's fall from full body mechanical lift.R2's Nursing: Lift and Transfer Evaluation - V 5 dated 6/10/26, identified R2 required transfer assistance with two staff and a floor lift. R2's weight was 149.5 pounds and required a medium sized sling based on a weight scale range of 101 to 300 pounds.R2's point of care task on 6/11/26 identified R2 required a medium sized transferring sling.During interview on 6/18/26 at 2:16 p.m., Joerns product support representative (PSR)-B stated weight was a general reference for size of slings and resident measurements were more important and the standard for sizing of slings. PSR-B stated to measure residents for sling sizing based on the sling reference points in the family brochure and to assess if resident was pear versus apple shaped.During interview on 6/16/26 at 11:03 a.m., NA-A stated staff looked at residents' care plans to know how they transferred and what size sling to use. NA-A stated staff were educated to always use two staff with use of a Hoyer lift.During interview on 6/16/26 at 11:43 a.m., NA-B and NA-C stated staff checked residents' Kardex to see what size of sling and transfer device to use for resident transfers. NA-B and NA-C stated staff knew the size of the slings based on the sling lining color.During interview on 6/16/26 at 11:14 a.m., RN-A stated a resident's weight determined sling size, and residents' care plans identified sling size and what transfer device the resident needed. RN-A looked at the tag on the slings to know the size of the slings.started to direct staff to check sling integrity and ensure correct size before use and to dispose of slings which did not come from the facility. Resident transfer assessments identified sling size based on residents' weight.During follow-up interview on 6/18/26 at 3:19 p.m., the DON verified nursing did not complete resident transfer assessments through observation to assess resident safety with machines and slings. DON did not mention other measurements to determine appropriate sling size selection besides weight. The DON stated therapy assessed resident transfer status through observations, and therapy made recommendations for how residents should transfer and what type of machine should be used to transfer the resident. Therapy did not give recommendations for sling size and could alert nursing if they had a concern about a resident sling size. The DON stated staff reviewed manufacturer's instructions and updated transfer assessments to include manufacturer's weight range to determine which sling size to assign to a resident. The DON stated manufacturer's weight ranges overlapped with multiple sizes, so a resident, such as R1 or R2, could now use multiple sling sizes based on weight. R1's North Ridge: Lift and Transfer Evaluation - V 3 dated 6/18/26, identified R1 transferred using a floor lift and two staff persons. The evaluation identified R1's weight was 200.6 pounds on 6/2/26 and indicated use of sling sizes:-Medium, 125 pounds to 275 pounds, and -Large, 175 pounds to 350 pounds.The evaluation noted/instructed R1 was appropriate for either medium or large sling however did not identify measurements and/or direct physical assessment that would help ensure fit and safety as per the manufacturers guidelines and instruction for determining appropriate sling size. R2's North Ridge: Lift and Transfer Evaluation - V 3 dated 6/18/26, identified R2 transferred using a floor lift and two staff persons. The evaluation identified R2's weight was 149.5 pounds on 6/3/26 and indicated use of sling sizes:-Small, 75 pounds to 150 pounds.-Medium, 125 pounds to 275 pounds. The evaluation noted/instructed R2 was appropriate for either small or medium sling however did not identify measurements and/or direct physical assessment that would help ensure fit and safety as per the manufacturers guidelines and instruction for determining appropriate sling size. Failed to ensure comprehensive sit-to-stand harness assessments (R3, R4, R5)Joerns Healthcare Hoyer Loop and Clip Style Sling Color/Size Chart - Standard Size dated 2021, indicated weight range should only be used as a guideline as other factors can affect sizing. The Deluxe Stand-Aid sling size ranges were small (red color) from 75 pounds to 150 pounds, medium (yellow color) from 125 pounds to 200 pounds, and large (green color) 175 pounds to 440 pounds. The Joerns Hoyer Family Brochure dated 2025, identified three measurement areas for the Deluxe Stand-Aid Sling which included measurements which may represent shoulder-width, shoulder-to-chest, and chest.R3's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified R3 had intact cognition and no behaviors or rejection of cares. R3 had an impairment to one side of her lower extremity. R3 was (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245183	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Ridge Health and Rehab	5430 Boone Avenue North New Hope, MN 55428

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 - Some	independent with wheelchair use and required staff assistance for activities of daily living, which included substantial and/or maximal assistance with transfers. The MDS identified R3's diagnoses of fracture, generalized muscle weakness, unsteadiness on feet, and difficulty in walking.R3's Nursing: Lift and Transfer Evaluation - V 5 dated 10/21/25, identified R3 required two-person assistance with stand by assistance.R3's physician order dated 1/31/26, identified R3 had weight bearing restrictions which included toe-touch weight bearing to left leg, non-weight bearing to right middle finger, and weight bearing as tolerated for right arm.R3's physical therapy Discharge Recommendations dated 4/18/26, identified R3 completed a stand pivot transfer with staff contact guard assistance.During interview on 6/16/26 at 2:47 p.m., physical therapy assistant (PTA) stated R3 transferred with a sit to stand machine and therapy was to assess R3 on 6/17/26. PTA stated R3 came back from the hospital 5/15/26, and 4/17/26 was the last time therapy worked with R3. PTA stated R3 was discharged from therapy with contact guard assistance for transfers.Review of R3's record identified on 5/15/26, R3 was transferred to the emergency department for bilateral lower extremity warmth. The emergency department diagnosed bilateral lower extremity edema and a closed nondisplaced fracture of the right second toe. Discharge instructions directed R3 to wear a hard-sole shoe during standing and ambulation, elevate the legs at rest, and follow up with orthopedics. A provider note dated 5/18/26 confirmed the right second toe fracture and continued the hard-sole shoe, buddy taping, orthopedic follow-up, and pain management. An Occupational Therapy note dated 6/5/26 documented that R3 was non-weight bearing pending orthopedic evaluation due to the toe fracture.R3's Nursing: Lift and Transfer Evaluation - V 5 dated 6/11/26, identified R3 required one person assistance with a sit to stand lift. R3 weighed 181.4 pounds and required a medium sized sling based on a weight scale range of 101 to 300 pounds.R3's care plan dated 6/11/26, identified R3 used a sit to stand lift with substantial assistance of one. R3's care plan, Kardex, and point of care tasks did not identify the size of fully body mechanical lift sling and harness for the sit to stand lift.During interview on 6/17/26 at 4:27 p.m., R3 stated her toe was black and blue about a month ago and found out she had a broken toe at the hospital. R3 stated the staff at the hospital told her she was not supposed to put any weight on her toe, and staff varied on using a Hoyer and sit to stand machine with transfers since her return from the hospital.During interview on 6/16/26 at 11:43 a.m., NA-B and NA-C stated staff checked residents' Kardex to see what size of sling and transfer device to use for resident transfers. NA-B and NA-C stated staff knew the size of the slings based on the sling lining color. NA-B and NA-C stated R3 transferred with a full mechanical lift and had a sling in her room that they used. The nursing assistants looked at R3's Kardex, and R3's Kardex identified R3 required a sit to stand with assistance of one for transfers and did not identify what size of sling to use. The nursing assistants were not sure who told them R3 was non-weight bearing and to use a full body mechanical lift after she returned from the hospital a few weeks ago. NA-B went into R3's room and observed R3's full body mechanical lift sling which was in a drawer. The sling had a yellow lining to indicate the sling size was medium.During interview on 6/18/26 at 10:00 a.m., licensed practical nurse (LPN)-B stated R3 transferred with a Hoyer lift since R3's return from the emergency department. LPN-B stated staff knew how to transfer R3 and what size of sling to use based on R3's care plan. If R3's care plan did not identify sling size, staff needed to assess sling size and update the care plan. LPN-B stated staff should alert the nurse manager and update R3's care plan if R3 used a sit to stand lift but now used a Hoyer lift.During interview on 6/16/26 at 11:58 a.m., RN-B stated residents' Kardex identified what type of lift device and sling size to use for transfers. RN-B stated sling size was based on residents' weight. RN-B stated the nurse managers changed resident care plans and Kardex. RN-B reviewed R3's Kardex and point of care tasks and confirmed R3's record identified R3 used a sit to stand and did not identify what size sling to use. RN-B stated staff could use a full body mechanical lift for a resident care planned for a sit to stand lift, and RN-B updated therapy when there were concerns with how a resident transferred.During interview on 6/16/26 at 12:59 p.m., licensed practical nurse (LPN)-A, who was also a unit manager, stated residents' weight (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245183	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Ridge Health and Rehab	5430 Boone Avenue North New Hope, MN 55428

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 - Some	determined what sling size to use and sling size was on residents' Kardex. LPN-A stated staff could use a Hoyer lift on a resident who was care planned as a sit to stand lift, such as R3. Staff should notify LPN-A if staff they concerns with how a resident transferred or saw inconsistencies with care plan and resident transfer status, and LPN-A could request therapy involvement if needed. LPN-A stated a change in transfer would prompt a therapy evaluation, rather than temporary use of a Hoyer lift for a resident who normally used a sit to stand machine. LPN-A stated therapy assessed what transfer device a resident should use, and therapy communicated how a resident should transfer with staff. Residents' care plans and Kardex were updated with therapy's recommendations. LPN-A stated there were different sizes of sit to stand harnesses, but the medium sized sit to stand harness fit most residents.R3's physician order dated 6/17/26, identified R3 was weight bearing as tolerated for her right lower extremity for second toe.During an interview on 6/18/26 at 11:26 a.m. with physical therapist (PT) and occupational therapist (OT), PT stated nursing determined what size slings should be used for the residents, and therapists made recommendations on what kind of transfer device the staff should use with the residents. PT stated staff should tell them when a resident had a decline in transfer status, such as a resident who used to use a sit to stand and now used a Hoyer lift. PT stated nursing made an appropriate decision to downgrade R3 from a sit to stand to a Hoyer after R3's return from the emergency department. PT stated therapy could now work with R3, since R3 received weight bearing orders from her orthopedic provider. PT confirmed R3's weight bearing restriction order dated 1/31/26, weight bearing order dated 6/17/26, and could not find an order regarding R3's non-weight bearing status for right lower extremity. PT stated they were not following R3 at the time of or after her 5/15/26 emergency department visit, and nursing should have clarified weight bearing status and updated R3's care plan.During interview on 6/16/26 at 12:09 p.m., the ADON expected staff to alert the nurse manager if a change of transfer and weakness continued, so nursing could obtain an order for therapy from the provider. Therapy assessed when residents were safe to return to sit to stand use. The ADON expected nurse managers to update resident care plans and Kardex to reflect correct transfer status and sling size if applicable.During a follow-up interview on 6/18/26 at 9:46 a.m., the ADON verified they completed R3's transfer assessment dated [DATE]. The ADON stated they did not observe R3's transfer with staff and completed the transfer assessment by checking R3's care plan for transfer status and asking the nurse manager about R3's transfer status. The ADON stated R3 went to the orthopedic provider on 6/17/26, and R3 had a new order related to weight bearing status. The ADON expected staff to update the nurse manager if a resident had a change in transfer status. The ADON stated nursing staff could not make decisions about weight bearing related to a broken toe, and the hospital specified if changes were required for weight bearing or transfers.During interview on 6/17/26 at 11:32 a.m., the DON stated the management team did not review residents who used a sit to stand machine on 6/10/26 and 6/11/26 and verified R3's point of care tasks or care plan did not identify what size sling staff were to use to transfer R3. The DON stated it was important for staff to know the correct sling size for resident safety. During follow-up interview on 6/18/26 at 3:19 p.m., the DON stated R3 may have reported she was non-weight bearing despite being permitted to bear weight and staff should have followed up with a provider to clarify R3's weight-bearing status. R4R4's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified R4 had intact cognition and no behaviors or rejection of care. R4 required staff assistance with activities of daily living (ADL), such as partial and/or moderate assistance for wheelchair use and substantial/maximal assistance for transfers. R4's diagnoses included generalized muscle weakness, obesity, and delayed milestone in childhood.R4's Nursing: Lift and Transfer Evaluation - V 5 dated 12/5/24, indicated R4 was independent with transfer to and from bed, chair, and toilet.During interview on 6/17/26 at 2:22 p.m., PTA reviewed therapy notes and PTA stated R4 was last seen by therapy on 5/5/26 and was unsure what R4's transfer status was but would find out.R4's Physical Therapy Discharge Summary signed 5/11/26, indicated R4 reached her highest practical level. The discharge summary indicated R4 was not currently ambulating due to ankle pain and was able to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245183	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Ridge Health and Rehab	5430 Boone Avenue North New Hope, MN 55428

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 - Some	ambulate about 500 feet with four wheeled walker with contact guard assistance and breaks. The discharge summary identified R4 required morning and evening assistance and referred R4 to occupational therapy for wheelchair assessment; however, did not specify what level of assistance was required with transfers.During interview on 6/17/26 at 2:22 p.m., PTA reviewed therapy notes and PTA stated R4 was last seen by therapy on 5/5/26 and was unsure what R4's transfer status was. At 3:07 p.m., PTA stated R4 transferred with a sit to stand at the time of therapy in May 2026, and therapy did not change R4's transfer status at the time of R4's May 2026 therapy discharge.R4's Nursing: Lift and Transfer Evaluation - V 5 dated 6/11/26, indicated R4 required one person assist with a sit to stand lift. R4's weight was 230.6 pounds and required a medium sized harness based on a weight scale range of 101 to 300 pounds.During interview on 6/18/26 at 9:57 a.m., RN-D verified they completed R4's transfer assessment dated [DATE]. RN-D stated they completed R4's transfer assessment by checking R4's care plan for transfer device and weight for sit to stand harness size. RN-D stated they did not observe R4 transfer with sit to stand as part of the assessment. R4's ADL self-care performance deficit care plan dated 6/11/26, identified R4 had limited mobility and transferred with a sit to stand lift. The care plan, Kardex, and point of care tasks did not identify a sit to stand harness size. During interview on 6/16/26 at 12:44 p.m., NA-D stated she checked resident care plan and Kardex for resident transfer status. NA-D stated residents had their own Hoyer slings in their rooms, and there was one size sling for the sit to stand machine. NA-D reviewed R4's care plan and Kardex and verified R4's record identified to use a sit to stand lift for transfers and did not identify what size harness to use.During observation and interview on 6/18/26 at 1:39 p.m., a Joerns Hoyer journey 340 sit to stand was observed without a leg strap and a harness gray colored with green lining sitting on top of the lift. NA-D confirmed the sit to stand machine did not have a leg strap. NA-D stated she did not need one to transfer R4, since the leg strap hurt R4's leg.During interview on 6/16/26 at 12:59 p.m., licensed practical nurse (LPN)-A, who was also a unit manager, stated residents' weight determined what harness size to use and harness size was on residents' Kardex. LPN-A stated therapy assessed what transfer device a resident should use, and therapy communicated how a resident should transfer with staff. Residents' care plans and Kardex were updated with therapy's recommendations. LPN-A stated there were different sizes of sit to stand harnesses, but the medium sized sit to stand harness fit most residents.During follow-up interview on 6/17/26 at 11:32 a.m., the DON stated the management team did not review residents who used a sit to stand machine and verified R4's point of care tasks or care plan did not identify what size sit to stand harness staff were to use to transfer R4. The DON stated it was important for staff to know the correct sling/harness sizes for resident safety. During follow-up interview on 6/18/26 at 3:19 p.m., the DON stated residents needed a therapy evaluation to determine safe transfer status if a resident stated a sit to stand machine leg buckle caused discomfort. R5R5's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified R5 had intact cognition and no behaviors or rejection of care. R5 required assistance with activities of daily living (ADL), such as substantial and/or maximal assistance for transfers and dependent on staff for wheelchair mobility.R5's Weights and Vitals Summary dated 6/18/26, identified R5's weight was 256 pounds on 1/17/26 and 222 pounds on 6/16/26.R5's Nursing: Lift and Transfer Evaluation - V 5 dated 1/19/26, identified R5 required transfers with a floor lift with two staff assistance. The evaluation did not identify R5's weight and identified R5 required a large sized harness based on a range of 301 to 450 pounds.R5's therapy green slip dated 3/23/26, identified R5 required a sit to stand lift for transfers. The therapy communication form did not indicate size of sit to stand harness.R5's physical mobility care plan dated 4/7/26, identified R5 had limited physical mobility related to weakness and required a sit to stand lift for transfers with substantial/maximal assistance. The care plan, Kardex, and point of care tasks did not identify a sit to stand harness size.During an interview on 6/18/26 at 11:26 a.m. with physical therapist (PT) and occupational therapist (OT), they reviewed R5 discharged from physical therapy on 5/29/26 with use of a sit to stand lift. PT stated there were not specific notes related to on