

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Mayo Clinic Health System - Lake City		STREET ADDRESS, CITY, STATE, ZIP CODE 500 West Grant Street Lake City, MN 55041	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>

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: 245218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Mayo Clinic Health System - Lake City		STREET ADDRESS, CITY, STATE, ZIP CODE 500 West Grant Street Lake City, MN 55041	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to comprehensively assess sling/harness sizes according to manufacturer's instructions to ensure safe transfers for 2 of 2 residents (R1 and R3) who utilized mechanical lifts sit to stand lift and full body mechanical lifts for transfers. Findings include: R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated R1's cognition was intact, with diagnoses of generalized anxiety disorder, diabetes, morbid obesity and heart failure. Further indicated an impairment in range of motion (ROM) on both sides of upper and lower extremities and required extensive assist of 2 staff with transfers and used a motorized wheelchair for mobility. R1's Occupational Therapy (OT) treatment encounter note, dated 3/5/24, identified R1 was discharging from OT due to goals met and maximum potential reached. Recommendation for EZ stand use to get to/from chair and toileting (Hoyer (brand of full body lift) as needed). OT note did not identify the size of sling R1 required for lift transfers. R1's care plan dated 6/6/25, identified a focus of activities of daily living (ADL) self-care performance deficit related to back pain and decreased mobility status, morbid obesity, osteoarthritis pain in bilateral shoulders and peripheral neuropathy. Intervention revised 10/7/25, directed staff to use an extensive mechanical stand and 2 staff for going on and off the commode and in and out of bed. R1's care plan did not identify the size of sling R1 required for transfers. R1's Kardex printed 10/13/25, directed staff that R1 required extensive mechanical stand with assist of 2 staff for going on/off commode and in/out of bed. R1's Kardex did not identify the size of sling R1 required for transfers. R1's Progress note dated 10/14/25, identified R1 was readmitted to the facility at 12:30 p.m., and will need a 2 person assist with transfers with a mechanical lift using an XL sling. Will require 2-3 staff to assist with toileting. R1's record was reviewed and lacked a Mechanical Lift Sling Assessment. In review of R1's record it was not evident a comprehensive assessment for sling size was completed. The assessment should have included height, weight, measurement of the maximum distance from resident's tailbone to base of neck and girth that is required by the manufacturer for appropriate sizing and safety. During an observation and interview on 10/15/25 at 10:30 a.m., R1 was lying in her bed. R1 stated she hasn't gotten out of bed since she came back from the hospital yesterday but stated when she does, it will be with the full body lift. During an interview on 10/13/25 at 3:46 p.m., registered nurse (RN)-D stated therapy would be the ones who assess each resident for sling/harness size. RN-D reviewed R1's record and stated R1 used a mechanical lift for transfers but the care plan did not identify what size sling to use. RN-D was unable to articulate exactly what size R1 would use. During an interview on 10/13/25 at 4:04 p.m., nursing assistant (NA)-A stated R1 has her own sling in her room we use. NA-A stated our care plans do not tell us what size sling/harness to use for residents who use mechanical lifts, it's more of a guessing game. During an interview on 10/14/25 at 12:31 p.m., LPN-C stated R1 had a special sling in her room we used, was unsure what the size was. LPN-C stated she had never seen a formal sling/harness assessment used before we just go by a resident's weight. R3's admission MDS dated [DATE], indicated R3 had moderately impaired cognition, with diagnoses of Parkinson's disease (progressive brain disorder that affects movement), non-Alzheimer's dementia, and restlessness and agitation and was extensive assist of two staff with transfers. R3's care plan revised 8/5/25, identified a focus of activities of daily living (ADL) self-care performance deficit related to dementia with delirium and agitation and Parkinson's. Intervention revised 9/8/25, directed staff to use a standing lift with 2 staff to move between surfaces. R3's care plan did not identify the size of harness that R3 required for transfers. R3's Kardex printed 10/21/25, directed staff that R3 required standing lift with 2 staff assist for transfers. R3's kardex did not identify the size of harness R3 required for transfers. R3's medical record reviewed and lacked a Mechanical Lift Sling Assessment. In review of R3's record it was not evident a comprehensive assessment for harness size was completed. The assessment should have included weight and circumference of patient's torso where the harness is applied that is required by the manufacturer for appropriate sizing and safety. During an interview on 10/13/25 at 4:13 p.m., physical therapist (PT)-A stated we call the EZ stand a standing lift, and we call the Hoyer lift a mechanical lift. PT-A further stated If staff feel like a resident is not doing well with a standing lift, we will talk with the resident and watch the aide do the transfer and write it up as a screen if it looks safe. If not safe and resident continues to want the standing lift, we will do an evaluation and start a therapy program. PT-A stated nursing would be responsible to assess for sling/harness size with mechanical lift use. During an interview on 10/13/25 at 4:34 p.m., nurse manager (NM)-A stated we do not have any formal sling/harness assessments</p>		