

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Olivia Restorative Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 West Maple Avenue Olivia, MN 56277	

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 - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49336</p> <p>Based on observation, interview and document review the facility failed to assess and identify which mechanical lift and corresponding slings were to be used based off each resident's height and weight, for 10 of 10 residents (R2, R4, R5, R6, R7, R8, R9, R10, R11 and R12) who utilized a total mechanical lift for transfers. This resulted in a pattern of no actual harm but potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>Review of the 7/6/24, report to the State Agency (SA) identified on 7/6/24 at approximately 11:10 a.m., R2 was being transferred via total mechanical lift from her bed to her wheelchair. 2 nurse aides (NA) were assisting R2, reportedly using the correct sized sling. Once staff moved R2 in the sling off her bed, it was thought R2 began to move around in the sling, which caused her to slide out between the sling loops. During the fall, R2 did hit her head.</p> <p>Review of the 7/11/24, 5 day investigation report to the SA identified R2 was sent to the emergency department for further evaluation however, no significant injury was noted. The report noted they felt staff were compliant with policies and procedures and had reviewed the lift user manual for the lift and transfer protocols. It was not identified in the report if the facility had verified the correct sling size, or if the correct sling for the lift was used.</p> <p>R2's 7/06/24 at 11:10 a.m., Initial Incident progress noted identified R2 was transferred from her bed to the wheelchair and fell on the floor. R2 had moved around in the sling sheet and had flip on her side and complained of pain. R2 had sustained a hematoma/contusion on her frontal area and was sent to the ER (emergency room) for evaluation.</p> <p>R2's 6/25/24 quarterly Minimum Data Set (MDS) identified R2 had a diagnosis of Alzheimer's disease, malnutrition, anxiety, and depression and was noted to have a had a right leg below knee amputation. R2 was on dialysis and had a weight noted of of 80 pounds.</p> <p>R2's undated, current care plan identified R2 was dependent on staff for self-care needs, such as toileting, bathing, and dressing. Interventions were for 2 person transfer of R2 with a total body lift. The care plan lacked any documentation of appropriate sling sheet sizes and measurements.</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: 245290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Olivia Restorative Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 West Maple Avenue Olivia, MN 56277	
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 - Some</p>	<p>R2's medical record lacked documentation an assessment had been performed to identify what sling size was to be used, dependent on their height and weight and manufacturer of each lift.</p> <p>R2's, 7/16/24 at 11:00 a.m., Brief Interview Mental Status (BIMS) assessment identified R2 had a severe cognitive impairment and had no behaviors.</p> <p>During an observation on 7/24/24 at 12:47 p.m., a gray Levanter Drive, model number FLP500 identified it could hold up to 500 pounds of weight capacity was located on the south hall unit and had a 6 point cradle.</p> <p>Review of the current, undated, DRIVE DeVilbiss Healthcare Levanter and Gravis Floor Lift Sling Selection Guide, located at https://23487842.fs1.hubspotusercontent-na1.net/hubfs/23487842/Drive%20Medical/Brochures%20and%20Catalogs/R%20SLING%20SELECTION%20GUIDE.pdf, identified sizing was dependent on patient weight and height, ranging from size small for a patient weighing 75 pounds (lbs) with a height of 59 inches (") up to an XL size for patients max weight of 500 lbs and 76 tall.</p> <p>During an interview on 7/24/24 at 1:08 p.m., with NA-A identified trained medication aide (TMA)-A had attempted to transfer R2 on 7/6/24, in her room on the south hall unit with the Levanter Drive, total body lift. While using the total body lift, R2 fell. TMA-A had attached R2's sling sheet to the total body lift for R2 in bed. NA-A had pressed the button on the total body lift and observed R2 elevated from the bed by the lift. NA-A pushed the total body lift from the bed towards R2's wheelchair and saw R2 had tipped over in the sling sheet. The sling sheet was positioned directly under R2 during the transfer and had assisted R2 to the floor and attempted to protect R2's head from hitting the floor. NA-A called the nurse for assistance with R2. Two nurses then assessed R2 after staff assisted R2 off the floor. NA-A unaware if R2's sling sheet had tears or holes present and could not confirm the status of the sling sheet after the fall. NA-A confirmed both R2 and R4, (who is R2's roommate) used the Levanter Drive, total body lift for transfers.</p> <p>Interview on 7/24/24 at 1:57 p.m., with TMA-A identified TMA-A and NA-A had attempted to transfer R2 from her bed to her wheelchair and had attached R2's sling to the Levanter Drive, total body lift. TMA-A had moved the total body lift towards R2's wheelchair, when R2 had moved shifted her weight in her sling sheet and had witnessed R2's right leg move upwards towards the ceiling and R2's head had moved downwards towards the floor. TMA-A reacted by screaming and immediately informed NA-A that R2's head was going to hit the floor. NA-A cradled R2's head in her hands. TMA-A pressed the handset button on the total body lift and finished lowering R2 to the floor. An unidentified agency nurse and LPN-A had assessed R2 on the floor. R2 stated she was okay. R2's sling sheet had been checked once R2 was off the floor, and staff had not observed any holes or tears to R2's sling sheet. R2 had continued to use the same sling sheet for transfers after the incident. The Levanter Drive, total body lift was a newer model used in the facility. TMA-A had received training on the DRIVE DeVilbiss Healthcare Levanter and Gravis Floor Lift in May of 2024. The facility had waited on the arrival of the sling sheets for the total body lift and staff were given clearance to use the machine after the arrival of the sling sheets in June of 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Olivia Restorative Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 West Maple Avenue Olivia, MN 56277	
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 - Some</p>	<p>Interview on 7/24/24 at 2:08 p.m., with licensed practical nurse (LPN)-A identified LPN-A was called into R2's room and found R2 on the floor and had appeared to be in an anxious state. LPN-A assessed R2 body for injuries and obtained vitals. R2 denied having pain and was lifted off the floor with a lift sheet alongside NA-A and TMA-A. R2 had a skin tear and was reinforced with Steri-strips and had not observed bleeding from the skin tear. Approximately 1 hour later, R2 was transported to the (ER) emergency room for evaluation. LPN-A informed R2's family of the ER transfer. LPN-A had received total body lift training several months ago that was held at the facility.</p> <p>Interview on 7/24/24 at 6:47 p.m., with NA-D identified they were informed of R2 total body lift incident on his next scheduled day of work and stated the incident was preventable. NA-D had concerns for the resident's safety during transfers with the total body lift. The facility used various types of sling sheets for residents and was unsure if residents had been measured appropriately. Staff used sling sheets on residents who were assigned a large sling sheet and the following week would have an extra-large sling sheet. NA-D noted inconsistencies with the sling sizes and with using the slings on residents who were not properly measured for them. NA-D was expected to use any sling sheets that was available for transfers on residents.</p> <p>Interview on 7/25/24 at 9:41 a.m., with NA-G identified they had received training on the Levanter Drive, total body lift approximately 2 months ago. NA-G was aware of R2's incident and stated on several occasions, they also had concerns for using the Levanter Drive, total body lift on R2. R2's sling was not appropriate for her because R2 had a missing lower extremity and small frame.</p> <p>Interview on 7/25/24 at 9:51 a.m., TMA-B (also a nursing assistant) identified they had used both total body lifts for residents in the facility. The total body lifts were not assigned to a particular hall or unit. TMA-B utilized either total body lift for all residents and was expected to use whatever sling that was available for transfers on residents and it was not dependent on the manufacturer.</p> <p>Interview on 7/25/24 at 9:55 a.m., with NA-H identified they received training on the total body lifts approximately 2 months ago with a colleague on their shift. The total body lifts were not assigned to a specific resident. The facility staff had used both types of lifts on the residents and staff were expected to use whatever sling sheet that was available for transfers on residents.</p> <p>Interview 7/25/24 at 12:23 p.m., with director of nursing (DON) identified the facility had not ordered additional sling sheets from the lift manufacturer. The manufacturer sent approximately 13 slings that had ranged from sized medium to large. She was informed by the previous DON for the need of the total lift to be put into use as is. Staff were expected to use sling sheets that were available for transfers on residents and the facility had no process in place to assess residents for the correct size sling, identify what sling size was to be used on each lift if both lifts were utilized in the facility, or ensure information that would be gained from a safety assessment for sling usage with a total lift was care planned for those residents, so staff would know what sized sling to use for each resident dependent on their height and weight, and lift manufacturer.</p> <p>Interview on 7/25/24 at 12:53 p.m., with administrator identified her expectation would be for the facility to have a system in place for monitoring residents who used any assistive devices, including lifts and perform assessments identifying appropriate measurements for residents who require use of slings and create and/or implement interventions and/or systems in place for those resident safety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Olivia Restorative Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 West Maple Avenue Olivia, MN 56277	
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 - Some</p>	<p>Interview on 7/25/24 at 3:12 p.m., with medical director identified his expectation would be for the facility to use appropriate sling sheets for assistive devices per the manufacturer's instructions. Staff should be given education, including ongoing education on those devices and well as competencies that would support adequate training that should be implemented for all staff in order to prevent resident harm.</p> <p>Review of the other 9 other resident's (who were identified to utilize total mechanical lifts for transfers) medical records identified:</p> <p>1) R4's, 6/27/24 Significant Change MDS, identified she had a diagnosis of cancer, depression and had a weight of 158 pounds. R4's, undated care plan identified ADL's and self care needs. The goal was to maintain her current level of function. R4 was dependent on staff for bathing, bed mobility and toileting. Interventions were for 2 person to transfer R4 with a total body lift.</p> <p>2) R5's, 5/17/24 Significant change MDS, identified she had a diagnoses of dementia, manic depression, anxiety and had a weight of 170 pounds. R5's undated care plan identified ADL's and self care needs. The goal was to maintain her current level of function. R5 was dependent of all cares from staff. Interventions were for 2 person to transfer R5 with a total body lift.</p> <p>3) R6's, 6/26/24 Significant change MDS, identified she had a diagnoses of heart failure, cerebral vascular accident, psychotic disorder, anxiety disorder and had a weight of 151 pounds. R6's, undated care plan identified she was at risk for ADL's and self care needs independently. The goal was to maintain her current level of function. R6 was dependent on staff for bathing, feeding, and toileting. Interventions were for 2 person to transfer R6 with a total body lift.</p> <p>4) R7's, 7/05/24 discharge assessment MDS, identified she had a diagnosis of malnutrition and had a weight of 177 pounds. R7's, undated care plan identified she was at risk for ADL's and self care needs related to her dementia. The goal was to maintain her current level of function. R7 was dependent on staff for bathing, bed mobility and personal cares. Interventions were for 2 person to assist R7 with transfers. There was no mention of how R7 was to be transferred or what lift would need to be utilized.</p> <p>5) R8's, 6/27/24 Significant change MDS, identified he had a diagnoses of traumatic brain dysfunction, Alzheimer's, anxiety, depression and had a weight of 220 pounds. R8's, undated care plan identified he was at risk for ADL's and self care needs related to his dementia. The goal was to maintain his current level of function. R8 was dependent on staff for bed mobility, toileting and bathing. Interventions were for 2 person to transfer R8 with a total body lift.</p> <p>6) R9's, 6/12/24 quarterly MDS identified, she had a diagnoses of a stroke, aphasia, anxiety, depression and had a weight of 132 pounds. R9's undated care plan identified she was at risk for ADL's and self care needs related to her bilateral below knee amputations. The goal for R9 was to maintain current level of function. R9 was dependent on staff for bathing, toileting and bed mobility. Interventions were for 2 person to transfer R9 with a total body lift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Olivia Restorative Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 West Maple Avenue Olivia, MN 56277	
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 - Some</p>	<p>7) R10's, 5/09/24 quarterly MDS identified, she had a diagnosis of Alzheimer's, depression, and a weight of 184 pounds. R10's, undated care plan identified she was at risk for ADL's and self care needs related to her impaired mobility. The goal for R10 was to maintain current level of function. R10 was dependent on staff for toileting , bathing and required extensive assistance for bed mobility. Interventions were for 2 person to transfer R10 with a total body lift.</p> <p>8) R11's, 5/03/24 Significant change MDS identified, he had a diagnosis of multiple sclerosis and a weight of 159 pounds. R11's, undated care plan identified he was at risk for self care deficit related to his contractures. R11's goal was to maintain his current level of function. R11 was dependent on staff for all self care needs. Interventions were for 2 person to transfer R11 with a total body lift.</p> <p>9) R12's, 7/10/24 quarterly MDS identified, he had a diagnoses of a stroke, seizure, depression and a weight of 290 pounds. R12's, undated care plan identified he was at risk for self care performance deficit related to his left hemiparesis (stroke that causes weakness to one side of the body). R12's goal was to maintain current level of function. R12 was dependent on staff for personal cares and bed mobility. Interventions were for 2 person to transfer R12 with a total body lift. The care plan lacked documentation of appropriate sling sheets sizes and measurements.</p> <p>Review of February 2006, Safe Resident Handling/Transfers policy identified the facility would assess each resident's mobility needs on admission, quarterly and after a significant change. Secondly, the facility would verify transfers per their individualized care plan. Staff would demonstrate competency for the use of the mechanical lifts upon hire, annually and as changes in equipment would occur. The facility would ensure various sizes of sling sheets to accommodate residents and would ensure each resident would be measured correctly as per the manufacturer instructions for proper sling sheet sizing. Lastly, the facility would ensure each sling sheet was designed for the specific lift that would be utilized for each resident and would perform total body lift transfers according to the manufacturer's instruction for use of the device.</p> <p>47497</p>		