STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245364	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Annandale Care Center Inc	500 Park Street East Annandale, MN 55302

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** 47083 Based on interview and document review, the facility failed to ensure residents were free from falls for 2 of 3 residents (R1, R2) reviewed for falls. Findings include: R1's care plan dated 6/12/22, directed R1 required extensive assist of two staff for bed mobility. R1's readmission Minimum Data Set (MDS) dated [DATE] indicated R1 had diagnoses of pneumonia and anxiety. The MDS indicated R1 required a mechanical lift for transfers, and two staff for bed mobility. In addition, the MDS indicated R1 had no history of falls. The undated Nursing Assistant Assignment sheet (nursing assistant care guide) directed R1's bed mobility to be provided with assistance of two staff, and transfers to be completed with one staff and the mechanical stand assist lift. On 10/18/24 a progress note indicated R1 had a witnessed fall at 6:30 a.m. R1 stiffened his body and slipped out of bed landing on his left side. R1 had no injuries. On 10/22/24 at 1:32 p.m., R1 stated nursing assistant (NA)-A provided cares by herself on 10/18/24. When she attempted to sit him up at the edge of the bed, he fell to the floor. There were supposed to be two staff get him out of bed in the morning. On 10/22/24 at 2:30 p.m., NA-A stated she provided cares independently to R1 on the morning of 10/18/24. He slid to the floor when she attempted to sit him up on the edge of the bed. The Nursing Assistant Assignment sheet directed R1 was supposed to have two staff assist for bed mobility, and one staff for transfers. On 10/22/24 at 3:02 p.m., licensed practical nurse (LPN)-A stated she was working on 10/18/24 when R1 fell . NA-A was trying to get him out of bed by herself, and R1 required assistance of two staff to get out of bed. (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
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(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	On 10/23/24 at 9:04 a.m., registered nurse (RN)-A stated Nursing Assistant Assignment sheets were updated daily. The NAs were expected to carry them, and reference the sheets as they reflected each residents' current care plan. Two staff should have been present for R1's morning cares on 10/18/24. On 10/23/24 at 10:03 a.m., the director of nursing (DON) stated the Nursing Assistant Assignment sheets were updated when the care plans were updated. NA-A did not follow the care plan when she attempted to get him up by herself. On 10/23/24 at 12:06 p.m., physical therapist (PT)-A stated R1 had been assessed and discharged from physical therapy on 10/9/24. At that time, the recommendation was made to provide assistance of two staff for bed mobility, due to his stiff tone. The assistance of two staff included getting him up and out of bed. Once he was out of bed, R1 could transfer with the mechanical stand assist lift and one staff. R2's care plan dated 4/3/24 indicated she required assist of one staff and the mechanical standing lift for transfers. R2's quarterly MDS dated [DATE] indicated R1 had diagnoses of debility, heart failure and dementia. The MDS indicated R2 was dependent for transfers, and required substantial assistant with bed mobility. R2's MDS indicated she had no history of falls. The undated Nursing Assistant Assignment sheet directed R2's transfers to be completed with one staff using the mechanical stand assist lift. On 10/5/24 a progress note indicated R2 had a witnessed fall in the morning after becoming weak, and was lowered to the floor. R2 had no injuries. On 10/23/24 at 8:48 a.m., LPN-B stated she was working on 10/5/24 when R2 fell . It appeared NA-B had transferred R2 without the mechanical lift. NA-B did not have the Nursing Assistant Assignment sheet with her at the time of the incident. On 10/23/24 at 9:30 a.m., NA-B stated she was caring for R2 on 10/5/24. She was transferring R2 with a gait belt when R2 was lowered to the floor. She did not read the Nursing Assistant Assignment sheet to determine how she should transfer R2. On 10/23/24 at 12:16 p.m., PT-A stated R2 was not strong enough to transfer without a lift. The facility policy Routine Resident Care dated 3/23, directed following each resident's care plan for activities of daily living (ADL)s, including bathing, dressing, eating, toileting, and encouraging participation in recreational activities.