

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245371	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Prairie View Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Fifth Street East Tracy, MN 56175	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42355</p> <p>Based on observation, interview and document review, the facility failed follow manufacturer's safety instructions for safe transfers for 1 of 2 residents (R4) who was not transferred with the appropriate mechanical lift sling.</p> <p>Findings include:</p> <p>R1's quarterly minimum data set (MDS) dated [DATE], indicated severe cognitive impairment with the diagnoses of aphasia, dementia, anxiety, and depression. R4 had physical and verbal behaviors toward others, and rejection of cares one to three days during the look back period. R4 had impairment to one side of upper extremity and used a wheelchair. R4 was dependent for all his activities of daily living (ADLs) except for dressing of upper body, which required partial assist. R4 did not walk.</p> <p>R4's ADL care related to transfers dated 12/7/23, directed staff to use two staff assistance to transfer with mechanical lift. R4's care plan did not identify the size and type of sling R4 required.</p> <p>During an observation on 7/30/24 at 12:17 p.m., R4 had returned from hospital and was sitting in wheelchair on Guldman ceiling lift sling that the hospital had used to transfer R4 to his chair to return to the facility. R4's room was not observed to have a ceiling lift. Nursing assistants (NA's) brought a Valaro total body lift into R4's room. NA-T and NA-K hooked the Guldman sling to the Valaro lift. NA's lifted R4 into the air, they did not stop the lift to check the tension of the sling straps and transferred R4 from wheelchair to the bed. NA-T and NA-K stated they were not aware the Guldman sling was not approved by Valaro manufacturer to use with Valaro lifts.</p> <p>Interview on 7/30/24 at 3:31 p.m., Administrator stated that NA-T and NA-K informed him that I watched the transfer of R4 with the wrong sling and Administrator stated he re-educated the staff they should have changed the sling out to the Valaro sling as the Guldman sling was not compatible to use with the Valaro lift.</p> <p>During an interview on 7/30/24 at 4:07 p.m., Valaro lift representative (LR)-A stated the manufacturer would not recommend the use of any other sling with the Valaro total body lift. LR-A stated he would have advised the staff to change out the sling with a Valaro sling prior to the transfer to ensure safety.</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a clarification interview on 8/7/24 at 2:24 p.m., administrator stated they did not have a policy regarding transferring resident but use the competencies to verify correct usage of mechanical lifts.</p> <p>Valaro Operator's manual included</p> <p>Use only Volaro slings and accessories designed for use with the Volaro lift models</p>		