

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Cook Community Hospital C&nc		STREET ADDRESS, CITY, STATE, ZIP CODE 10 Southeast Fifth Street Cook, MN 55723	

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 - 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** 27955</p> <p>Based on interview and document review the facility failed to follow care planned interventions for transfers for 1 of 3 residents (R1) reviewed. This resulted in actual harm when R1 fell when transferred with a mechanical standing lift and sustained a right clavicle (a break in the thin bone that connects the shoulder blade to the breastbone) fracture. This deficient practice was corrected prior to the start of the survey, therefore, was issued at past non-compliance.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated moderate cognitive impairment.</p> <p>R1's care plan dated 1/24/25, included diagnoses of Alzheimer's with agitation, diabetes, congestive heart failure (CHF), coronary artery disease (CAD), insomnia, and osteoarthritis.</p> <p>Care Plan Summary updated 1/8/25, indicated R1 was a stand pivot transfer or ceiling lift transfer.</p> <p>A Fall Risk assessment dated [DATE], indicated R1 was a high risk for falls.</p> <p>A facility 24 hour Nursing Report sheet dated 1/23/25, indicated R1 had a fall at 12:30 p.m.</p> <p>Post Fall Documentation dated 1/23/25, indicated nursing assistant (NA)-A had assisted R1 to the ground from the mechanical stand lift after R1 had fallen asleep. The report indicated R1 fell asleep instantly while she was raising R1 up and had sustained a right clavicle fracture. Prefall R1 was a pivot transfer or a full body lift transfer. The report indicated NA-A used the mechanical stand lift and R1 was not care planned for the type of lift.</p> <p>A progress note dated 1/23/25 at 4:30 p.m., indicated the provider came to see R1. R1 had a right clavicle fracture. R1 had pain medication ordered and now required a ceiling lift for all transfers.</p> <p>During an interview on 1/27/25 at 1:30 p.m., R1 was lying in bed watching television. R1 stated he did not have a fall last week but was not sure why he was wearing an immobilizer on the right arm.</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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/27/25 at 1:43 p.m., NA-A stated R1 needed assistance to the bathroom and was using the mechanical stand lift to assist R1 into the wheelchair and bring R1 to the bed. NA-A then used the mechanical stand lift to assist R1 from wheelchair to bed. NA-A indicated once R1 had been lifted up R1 began sliding and NA-A could not get R1 into bed. NA-A stated R1 had fallen asleep. R1 slid down to NA-A's knees and R 1 slid to the floor through the harness for the mechanical stand lift. NA-A stated the harness was secure on R1. R1 was lowered to the floor and rolled off NA-A's lap to the floor. NA-A stated she left R1 and went to get assistance from staff. Registered nurse (RN)-A assessed R1 and the ceiling lift was used to get R1 off the floor and into bed. NA-A stated R1 was a two person pivot transfer or a ceiling lift transfer. NA-A stated R1 was not care planned to use a mechanical stand lift and she had used the mechanical stand lift for R1's transfer. NA-A stated I thought the mechanical stand lift was ok to use for R1.</p> <p>During an interview on 1/27/25 at 2:15 p.m., the director of nursing (DON) indicated R1 was care planned for a stand pivot transfer or a ceiling lift for transferring. The DON stated R1 was not care planned to use a mechanical stand lift.</p> <p>During an interview on 1/27/25 at 2:45 p.m. RN-B stated R1 was care planned for a ceiling lift after the fall and right clavicle fracture. RN-B stated R1 should not have been a mechanical stand lift for transfers. RN-B stated we had R1 care planned for a ceiling lift as R1 did fall asleep at the drop of a hat. RN-B stated the interdisciplinary team and therapy determine how to transfer residents then it is put on the care plan.</p> <p>During an interview on 1/28/25 at 10:18 a.m. NA-B stated staff look at the care plan to see how each resident transfers. NA-B stated there were no residents in the facility who required a mechanical stand lift. NA-B stated that R1 would just close his eyes, fall asleep, and start snoring at any time during the day.</p> <p>During an interview on 1/28/25 at 11:08 a.m. RN-A indicated NA-A had come to get assistance to get R1 off the floor. R1 was on the floor laying on right side. RN-A stated NA-A could have used the call light for assistance instead of leaving R1 on the floor alone. RN-A stated staff are not to leave residents alone on the floor. RN-A stated there were no obvious injuries and no complaints of pain until they rolled R1 onto the back then had pain in the right deltoid (shoulder) area. RN-A stated R1 was assessed with no bruising, no deformity, and full range of motion. They assisted R1 into bed using the ceiling lift where R1 complained of the sling pushing on R1's arms. RN-A called the provider and an X-ray was ordered. RN-A state R1 indicated the pain was better if he was not moving the right arm, R1 declined ice. RN-A revealed R1 would just fall asleep and snore multiple times a day and that it could not be predicted when R1 would fall asleep. RN-A stated NA-A had not followed the plan of care for R1 and she did not have the ok to use the mechanical stand lift for R1.</p> <p>During an interview on 1/28/25 at 12:28 p.m. NA-C stated NA's do not make the determination to use a mechanical stand lift for resident transfer, management makes the determination what lifts are to be used for each resident. NA-C stated we follow the care plan to find what type of transfer each resident was. NA-C denied using a mechanical stand lift for R1.</p> <p>During an interview on 1/28/25 at 2:25 NA-D stated staff were to look at the pocket care plan to see what type of transfers residents required. NA-D stated she had used the mechanical stand lift for R1 in the past as she was just following what other staff had done in the past. NA-D stated R1 was not care planned to use a mechanical stand lift.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy Care Plan-Comprehensive Nursing dated 11/20/23, indicated the care plan needs to be always followed. The current care plans are always accessible to nursing staff through the EMR (electronic medical record) and through the pocket care pan that is provided for each individual in the household to the staff daily. Also, all staff must follow the POC.</p> <p>A facility policy Safe Patient Handling dated 9/30/22, indicated use safe patient handling guidelines, proper techniques and mechanical lifting devices during patient handling as directed by patient/resident care plan, physician order or RN assessment. Notify supervisor of any change in the patient's or resident's physical or cognitive status that may necessitate a reevaluation of their care plan.</p> <p>The facility initiated education related to following the care plan for transfers of residents, and communication via the white board for change of condition in the dictation room. Facility policy's related to Care Plans-Comprehensive Nursing, Change in Condition-LTC, Safe Patient Handling, EZ Stand Lift Procedures were gone over with staff. Informational sheets on Tollos slings and Volaro lift safety notes and assessment forms for both full body lift and EZ Stand were printed off for reference during reeducation. Staff signed off they had received education. R1's care plan was updated with current changes. EZ stands were removed from use as there were no residents assessed to use them currently.</p>