STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245402	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenwood Village Care Center	719 Southeast 2nd Street Glenwood, MN 56334

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 - 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** 43083 Based on observation, interview, and document review, the facility failed to follow manufacturer's guidelines for a full body mechanical lift by ensuring the loops were secured to the hook on the lift, prior to lifting the resident for transfer for 1 of 3 residents (R1) reviewed. This resulted in actual harm when the hook came off the lift and R1 fell to the floor sustaining a large hematoma to the side of his head, a skin tear to finger and required an emergency department (ED) visit. Findings include: R1's care plan dated 6/15/23, indicated R1 had impaired functional status related to hemiparesis, history of stroke and had limited ability to complete activities of daily living (ADLs), dependent on staff for assistance, and utilized a wheelchair and mechanical lift. Further, R1's care plan identified R1 was dependent on staff for transfers with a mechanical lift and assist of two. R1's Fall-Witnessed incident report dated 1/7/25, indicated R1 was being transferred from the tub chair to the bed by two staff members with a Hoyer lift (full body lift). The Top right corner of the sling came off the lift and R1 fell towards the floor. R1 hit the floor with the top right side of his head. R1 was assessed for injury and vitals were obtained. R1 was hypertensive and R1 was wheezing at the time, was short of breath, and had a large hematoma on the right side of his head and skin tear to right fingers. At the time of the incident, R1 had reported 10/10 pain. R1 was sent to the ED. R1's progress note dated 1/9/25, registered nurse (RN) post fall follow up indicated R1 had sustained a skin tear to right fifth digit and a hematoma to right temple. R1 denied pain to area of trauma on the head and pain to the right hand/finger skin tear. Contributing factors related to R1's fall were identified as R1 had returned to his room following a bath. The lift sling was under him, and staff proceeded to hook R1 up to the mechanical lift and then called for assistance. The second aide came into the room and took the control to lift R1 with the lift and did not double check to ensure he was hooked up properly. Immediate education was provided to the staff involved on double checking the lift sheet before lifting the resident. Other interventions included lift sheet was checked and was the right size with no rips or tears, education with competency on lifts was completed for the aides involved in the incident. (continued on next page)

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
	245402	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenwood Village Care Center	719 Southeast 2nd Street Glenwood, MN 56334

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 - Actual harm Residents Affected - Few	R1's ED Transfer Report dated 1/7/25, indicated per assessment R1 had a fall from Hoyer approximately 3-4 feet and had complaints of a headache and neck pain, and R1's blood pressure was noted to be 163/95. Discharge note revealed computed tomography (CT) imaging of R1's head, facial bones, and cervical spine did not show any evidence of bleeding within the skull, he did have a large hematoma on the right side of his head. There was no facial [NAME] fractures or neck fracture. R1's labs were stable. R1 was given a gram of IV Tylenol during his evaluation, and his pain appeared to be improved. On 1/9/25 at 1:23 p.m., R1 was sitting in his wheelchair in his room and appeared to be comfortable. R1 had a red spot on the right side of his head that did not appear to be an open wound and a Band-Aid was on his right pinky finger. R1 denied pain to the areas. R1 stated he could not recall the incident but stated they were banging me on the Hoyer. On 1/9/25 at 1:33 p.m. licensed practical nurse (LPN)-A stated R1 was totally dependent on staff for all ADLs due to left sided weakness, and R1 required assistance of two staff members for transfers using a Hoyer mechanical lift. LPN-A stated on 1/7/25 at approximately 12:50 p.m., she was standing outside of R1's room at her medication cart when she heard someone scream and then entered R1's room. LPN-A stated R1 was on the floor and LPN-A noted a large hematoma to the right side of R1's head that appeared to look like a rug burn and R1's head was hit hard. LPN-A assessed and determined staff could safely transfer him into bed, and LPN-A then noted the skin tear to his finger which was bleeding. LPN-A called the ambulance and R1 was sent to the ED. Further, LPN-A stated at the ED, R1 had received IV Tylenol for pain and a CT, and X-rays were obtained of R1's head and neck which came back normal. LPN-A stated since the incident, R1 had returned to his baseline and at times has had complaints of pain to his head which was treated with ice and elevating his head. In addition, LPN-A stated the two nursing assistants (NA) involved had both been re-educated immediately to double check the lift to ensure the hooks were properly secured prior to lifting the resident. LPN-A stated all staff education had not been provided due to the director of nursing (DON) being out of the facility at the time. On 1/9/25 at 2:00 p.m., NA-A stated R1 was totally dependent on staff with all ADLs and required assistance of two staff for transfers with a Hoyer lift. NA-A stated on 1/7/25, at approximately 1:00 p.m., she had assisted R1 with a bath and back to his room where she hooked R1's sling to the Hoyer and then called for assistance to transfer. NA-A stated NA-B entered the room, and she began controlling the mechanical lift and lifted R1 up off the tub chair. NA-A stated R1 was approximately 3 feet in the air when he suddenly dropped onto the floor and hit his head. NA-A stated R1 appeared to be in pain following the incident and was sent to the ED. Further, NA-A stated she was unsure what caused R1 to fall however stated she was not sure if staff were to secure the loop to the lift or just set it on top of the bar however, confirmed NA-B did not double check the loops prior to lifting R1. In addition, NA-A stated facility protocol for a mechanical lift was to always use two staff with the lift transfers, both staff were expected to hook the sling to the lift, double check to ensure the loops were secure properly to the lift prior to lifting the resident. NA-A stated she was immediately educated on the process following the incident and had further training regarding the mechanical lifts and a competency check on 1/9/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245402	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenwood Village Care Center	719 Southeast 2nd Street Glenwood, MN 56334

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 - Actual harm Residents Affected - Few	On 1/9/25 at 2:12 p.m., NA-B stated R1 required assist of two staff for transfers with a Hoyer lift and assistance with all other ADLs. NA-B stated on 1/7/25, some time after noon meal, NA-B was called to R1's room by NA-A requesting assistance to transfer R1 into his bed following his bath. NA-B stated she entered R1's room, R1 was sitting on the tub chair, Hoyer sling under him and attached to the lift. NA-B stated she began operating the lift and lifted R1 up off the chair, when R1 was in the air the top of the sling came off the bar and R1 tipped out of the sling headfirst onto the floor. NA-B stated following the incident, R1 was joking with staff and there was a bump noted on the side of his head. Further, NA-B confirmed she did not double check to ensure NA-A had properly secured all the loops prior to transferring R1 as required however, stated going forward NA-A would be more careful as the incident taught her a valuable lesson. NA-B stated she was educated following the incident and had a competency check with mechanical lifts. On 1/9/25 at 3:59 p.m., RN-A stated R1 required assist of 2 with transfers utilizing a Hoyer lift and had chronic pain to his left side. RN-A stated on 1/7/25, after the noon meal, NA-A and NA-B had been transferring R1 with the Hoyer and NA-B had not ensured the loops were secured to the lift when they had started lifting R1 and he fell . RN-A believed R1 was more than two feet in the air when he fell . RN-A was notified immediately to come to R1's room by LPN-A. RN-A stated right when she looked at R1, she stated he needed to be sent to the ED immediately. RN-A stated while at the ED, they completed some imaging to rule out any fractures and administered medications for R1's pain. R1 had returned to the facility the same day with no new orders however, staff were monitoring R1's hematoma on his head and cleaned and applied Steri-strips to R1's skin tear on his finger. Further, RN-A stated all Hoyer lift transfers required assistance of two staff, however, one staff could hook the sling to the resident and the second staff should be verify all loops were secured prior to transferring the resident. RN-A stated both NA-s were educated immediately following the incident regarding facility process. In addition, RN-A stated DON and the administrator were both out of the facility and all staff training was to be scheduled for 1/14/25. On 1/10/25 at 9:45 a.m., LPN-A stated when she entered R1's room on 1/7/24, R1 was screaming out in pain, however, R1 does have a history of yelling out during cares. LPN-A stated it was obvious however, R1 was in 10/10 pain, and when asked what hurt R1 said his head hurt. On 1/10/25 at 9:52 a.m., NA-B and NA-C entered R1's room with the Hoyer lift due to R1 wanting to be transferred from his wheelchair into his bed. R1 had the Hoyer sling under him already, NA-B and NA-C both hooked the loops to the lift and NA-B then doubled checked all 4 loops. NA-B operated the mechanical lift while NA-C guided R1 to the bed. NA-B lowered R1 onto the bed. On 1/10/25 at 10:18 a.m., NA-C stated she was a contracted agency staff and had been working at the facility for approximately three weeks. NA-C stated R1 required assist of two staff to transfer utilizing the Hoyer lift. NA-C stated she was aware R1 had a fall from the Hoyer lift however, was unsure of the details regarding the incident. NA-C stated for all Hoyer transfers, staff were expected to ensure all 4 loops were secured to the lift prior to transferring resident. Further, NA-C confirmed following R1's fall there has been no education provided to staff regarding mechanical lifts. On 1/10/25 at 11:40 a.m., attempted interview with DON was unsuccessful. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245402	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenwood Village Care Center	719 Southeast 2nd Street Glenwood, MN 56334

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 - Actual harm Residents Affected - Few	Review of EZ Way Smart Lift Operator's Instructions revised 10/24/24, directed staff to make a final check of all four loop attachment points to ensure each loop was sufficiently attached to the respective hook of the hanger bars, and while lifting the patient continue upward motion until there was tension on the sling legs, make sure all the loops on the sling were securely hooked on the hanger bars. Review of facility policy titled EZ Way Smart Lifts revised 11/2/21, directed staff to check the condition of the sling before every use by checking entire sling for damage or wear including the loops and stitching, and if there were concerns with resident safety while transferring, stop the transfer, get assistance to keep the resident safe while getting the charge nurse. However, the policy did not direct staff to verify the loops were securely hooked prior to lifting the resident.