STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245424	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes of Arden Hills	3220 Lake Johanna Boulevard Arden Hills, MN 55112

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review the facility failed to review and revise a care plan for 1 of 3 residents (R1) whose care plan was reviewed for revisions.Findings include: R1's annual Minimum Data Set (MDS) dated [DATE], indicated R1 was moderately cognitively impaired, dependent on staff for transfers from surface to surface, and had diagnoses included dementia. R1's care plan dated 1/23/26, indicated R1's family member (FM)-A gave verbal permission for R1 to continue to use the stand aid lift as long as the resident was able to do so and understood the risk of bruising and skin tears R1 may receive. R1's Resident Transfer assessment dated [DATE], indicated R1 was full weight bearing, was able to stand for 8 (eight) seconds safely while holding onto an assistive device, and was cooperative during transfers. The recommended mechanism for transfers from surface to surface was a two-person transfer with the stand assist lift. R1's progress note dated 6/11/26 at 10:40 a.m., indicated R1 may no longer be appropriate for the stand aid lift, and a Resident Transfer Assessment would be completed. R1's Resident Transfer assessment dated [DATE], indicated R1 was partial weight bearing, could not stand for 8 seconds safely while holding onto an assistive device, and was cooperative during transfers. The recommended mechanism for transfers from surface to surface was a two-person transfer will a full body lift. R1's care plan dated 6/11/26, indicated R1 required assistance of two staff with a full lift and medium sling. The care plan intervention to utilize the stand assist lift remained on the care plan without an end date. R1's progress notes dated 6/22/26 at 4:50 p.m., indicated R1 was transferred to the emergency department on 6/12/26 for a skin tear, and was changed from a stand assist lift to a full lift on 6/11/26. During an interview on 6/29/26 at 11:05 a.m., the FM-A stated that after R1 was injured using the stand assist lift on 6/12/26, the staff started to use a full lift. During an interview on 6/29/26 at 1:03 p.m., the registered nurse (RN)-A stated R1's ability to transfer using a stand assist lift was reassessed on 6/11/26 because staff were concerned about her ability to transfer safely. R1 was assessed and subsequently required a full body lift. The change was indicated on R1's care sheet utilized by the nursing assistants (NA) and on R1's care plan. The RN-A acknowledged when R1's care plan was updated to indicate use of the full body lift, the intervention to utilize the stand assist lift was not removed and an end date was not added. During an interview on 6/29/26 at 2:27 p.m., the licensed practical nurse (LPN)-A stated R1's transfer status was assessed on 6/11/26 and was changed from a stand aid lift to a full body lift because she was no longer able to stand for 8 seconds, had bruising on her lower extremities because she could not bear weight and had to lean heavily on the lift. The LPN-A stated he added the full body lift to R1's care plan and acknowledged he did not remove the stand aid lift from R1's care plan or add an end date, which could be confusing for staff. During an interview on 6/29/26 at 4:03 p.m., the nursing assistant (NA)-A stated if the correct lift was not utilized, accidents during transfers of residents could happen. During an interview on 6/29/26 at 4:32 p.m., the director of nursing (DON) stated any discrepancy in the care plan could be a problem for a resident and acknowledged the care plan was updated with new information for R1's transfers, but the information about the previous transfer status had not been removed and an end date was not (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	added. The Care Plan Policy and Procedure dated 11/22, indicated changes to the care plan would be made as necessary resulting from significant changes in condition or needs and should be current at all times.