

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Koda Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 2255 30th Street NW Owatonna, MN 55060	

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** 49616</p> <p>Based on interview and record review the facility failed to follow the care plan for transfers for 1 of 3 residents (R1) who sustained a fall as a result.</p> <p>Findings include:</p> <p>R1's face sheet dated 9/6/24, identified R1's diagnoses included hemiplegia and hemiparesis affecting right dominant side (affect movement and sensation on one side of the body), metabolic encephalopathy (alteration in consciousness caused by diffuse or global brain dysfunction), muscle weakness, and epilepsy (brain disease that causes repeated seizures due to abnormal electrical signals).</p> <p>R1's comprehensive Minimum Data Set (MDS) dated [DATE], identified R1 did not have cognitive impairment. R1 required substantial assistance to transfer from one position to another.</p> <p>R1's care plan dated 5/20/24, identified R1 required assist of one staff with non-mechanical sit to stand aid for all transfers. R1's care plan dated 7/24/24 identified R1 required assist of two with non-mechanical sit to stand aid for transfers. Both interventions were discontinued on 9/4/24.</p> <p>R1's progress note dated 7/24/24, identified R1 was assist of two staff with non-mechanical sit to stand lift. Therapy also completed a short blessed test (SBT) test with a score of 16/28 indicating cognitive impairment consistent with dementia.</p> <p>R1's physical therapy note dated 8/1/24, identified therapy and unit coordinator transferring R1 with contact guard assist with the sit to stand.</p> <p>R1's progress note dated 8/23/24, identified R1 was to continue with assist of two with non-mechanical sit to stand lift for all self cares.</p> <p>R1's fall event report dated 9/2/24, identified R1 fell in the bathroom during a transfer from the toilet. The report identified R1 used a non-mechanical sit-to-stand lift for all transfers with two staff. R1 had been placed in the bathroom by two staff approximately 45 minutes prior to the fall and at the time of the fall R1 was only assisted with one nursing assistant. R1 reported her left foot got caught on the door frame during the transfer.</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>R1's hospital after visit summary dated 9/4/24, identified R1 presented to the emergency department on 9/2/24, for a fall that resulted in left sided hip pain. R1 required lab work, x-ray of the left hip and pelvis, CT of cervical and lumbar spine, IV for pain management. The summary of these tests concluded R1 did not have any fractures as a result of the fall. R1 remained in the hospital until 9/4/24 for pain management.</p> <p>R1's care plan dated 9/4/24, identified R1 required assist of two with mechanical lift (hoyer) and large sling until further notified by therapy.</p> <p>During an interview on 9/6/24 at 10:42 a.m., nursing assistant (NA)-A stated residents have a white board in their room, a paper sheet they print daily, and a kardex on the computer that will tell them how a resident transfers.</p> <p>During an interview on 9/6/24 at 10:59 a.m., R1 was in her room sitting in her recliner with an evident right sided lean. R1 stated on 9/2/24, nursing assistant (NA)-B came to the bathroom to help her transfer from the toilet and moved the sit-to-stand machine too fast when transferring her off the toilet. R1 stated NA-B pulled on her body and got her in the corner of the bathroom and she went down hard on the floor.</p> <p>During an interview on 9/6/24 at 1:26 p.m., NA-B stated R1's call light was sounding on 9/2/24 around 5:58 a.m., NA-B went to the room to answer the light. R1 was in the bathroom with the sit-to-stand. NA-B had R1 stand on the sit to stand to clean her from after toilet use. I have done this before with her and she was really good and would stand while getting wiped. NA-B stated she was on R1's left side and pulled R1 back a little from the toilet to wipe her bottom and that is when R1 slipped from the stand. NA-B stated she placed her leg on R1's backside and gently lowered her to the ground. NA-B stated the call light was on the entire time to alert a staff member to assist with the transfer.</p> <p>During an interview on 9/6/24 at 11:42 a.m., PT-A stated R1's muscle tone has decreased since the fall. Prior to the fall R1 had been able to lean forward and assist with using the sit-to-stand without difficulties. During a follow-up interview at 3:12 p.m., PT-A stated R1 required the use of the sit-to-stand aide because R1 could not stand well. PT-A indicated there were paddles on each side of the lift that should be used when residents are in the standing position so that if they did become weak/off balance the paddles would provide support and reduce the risk of a fall. PT-A would not move R1 at all with the paddles of the sit-to-stand in place. R1 would need the paddles flipped down and in a seated position, that would be against everything we learned. PT-A verified standing up from a surface onto the sit-to-stand is considered a transfer and would require two people to assist R1.</p> <p>During an interview on 9/6/24 at 3:24 p.m., director of nursing (DON) stated it is considered part of the transfer to stand a resident up and she would expect the staff to follow the care plan. DON stated she expected NA-B to use two people when performing the transfer on R1 as per the care plan. DON provided education to NA-B with a return demonstration on using the sit-to-stand lift.</p> <p>(continued on next page)</p>		

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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>The EZ way Stand Aid Operators Instructions undated, identified the sit to stand non-mechanical lift (transfer assist unit) keeps residents active and engaged in the transferring process. Transfers are quick and require minimal caregiver assistance. Users simply grasp the middle bar and pull themselves up. A padded split seat swings out for loading or unloading then swings back and locks to form a comfortable, secure seat for transport. It is an excellent alternative to a wheelchair for easier commode access.</p> <p>For safe operation of the EZ Way Stand Aid, operators should read through this manual, complete the competency checklist, and practice on fell ow staff members before use with patients.</p>		