

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Lakeside Generations Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  439 William Avenue East Dassel, MN 55325	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49657</b></p> <p>Based on document review, interview, and observation the facility failed to provide care in accordance with professional standards of practice when the facility failed to complete an assessment for use and placement of an hourglass sling used during Hoyer transfers for 3 of 3 residents (R5, R20, and R21) reviewed for accidents.</p> <p>Findings include:</p> <p>R5's annual minimum data set (MDS) dated [DATE] indicated, R5's was cognitively intact, dependent for transfers, and had the following diagnoses: cerebral vascular accident (CVA)(stroke), coronary artery disease (CAD)(thickening of the cardiac arteries), hypertension (HTN) (high blood pressure), diabetes (DM), hemiplegia or hemiparesis (inability to move one side of the body), and below the knee amputee.</p> <p>R5's care plan dated 11/15/24, indicated R5 required the assistance of two staff and a mechanical lift with a large sling for transfers.</p> <p>R5's medical record lacked evidence any assessment for the appropriate size, usage, application of the full body lift sling, or cognition level of the residents or appropriateness to use the sling, was completed.</p> <p>R20 quarterly MDS dated [DATE] indicated, R20 was cognitively intact, substantial-maximum assistance or dependent for transfers, and had the following diagnoses: HTN, DM, anxiety, and depression.</p> <p>R20's care plan last revised 12/4/24 indicated R20 required the assist of one staff and the ez-stand for transfers to the commode, and the assist of two staff using a large sling and the Hoyer for transfers from the wheelchair to the bed.</p> <p>R20's medical record lacked evidence any assessment for the appropriate size, usage, application of the full body lift sling, or cognition level of the residents or appropriateness to use the sling, was completed.</p> <p>R21's annual MDS dated [DATE] indicated R21 was severely cognitively impaired, dependent for transfers, and had the following diagnoses: non-traumatic brain dysfunction, HTN, renal insufficiency (kidneys don't filter the blood as they should), DM, and Alzheimer's.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R21's medical record lacked evidence any assessment for the appropriate size, usage, application of the full body lift sling, or cognition level of the residents or appropriateness to use the sling, was completed.</p> <p>On 11/22/24 at 10:52 p.m., the facility reported R21 had slipped forward and fallen from a Hoyer sling during a transfer from the wheelchair to the bed.</p> <p>R21's historical care plan dated 11/2/24 through 11/25/24, in place at the time of the fall indicated, R21 would use a small sling with assist of two staff and the hoyer lift.</p> <p>R21's current care plan last revised 11/26/24 indicated, R21 transferred with the assist of two using the Hoyer lift, with the loops of the sling to be placed at green on green.</p> <p>The Ez way Inc. Operators instructions dated 10/24/24, indicated the use of the deluxe sling, which crosses between the legs, with no mention of the full body sling or its usage and placement on the body.</p> <p>The Hourglass sling document date accessed 12/2/24, was provided, however it described the sling characteristics but did not discuss placement and usage in reference to the body.</p> <p>On 12/2/24 at 2:36 p.m., nursing assistant (NA)-E stated they had assisted in a transfer of R21 from the wheelchair to the bed on 11/22/24. NA-E stated R21 had been using an hour glass full body sling and Hoyer lift. NA-E stated the correct placement of the sling was to place the thicker top section at the shoulder or base of the neck and the lower thicker section just between the middle of the lower thigh to just above the knee joint. NA-E also stated R21 was not very verbal and had a tendency to curl up in the fetal position when transferring. During the transfer NA-E stated R21 had started to slide down and through the middle open area of the sling. NA-E stated they had attempted to hold R21's knees to guide the body and prevent the fall, however R21 slide forward and fell from the sling approximately 2-3 feet and had a small laceration to the right side of their head just above the ear, behind the hairline. NA-E confirmed at the time of R21's fall, the lower thick section was placed at the base of the buttock not at the lower thigh/upper knee joint, and R21 had slid out of the sling due to it's improper placement.</p> <p>On 12/2/24 at 3:44 p.m., nursing assistant (NA)-D stated they had assisted in a transfer of R21 from the wheelchair to the bed on 11/22/24. NA-D stated R21 had been using an hour glass full body sling. NA-D stated the correct placement of the sling was to place the thicker top section at the shoulder or base of the neck and the lower thicker section just between the middle of the lower thigh to just above the knee joint. NA-D confirmed at the time of R21's fall, the lower thick section was placed at the base of the buttock not at the lower thigh/upper knee joint, and R21 had slid out of the sling due to it's improper placement.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/4/24 at 12:50 p.m., the registered nurse manager (RN)-A stated nurses were responsible, during the admission process to use the sling color coding system form to choose appropriate sling and size for the resident. The sling color coding system form only references a deluxe sling, a sling that is shaped like a U and the bottom two straps cross between the legs. The document lacked mention or measurements for use of a full body hour glass sling, which was the type of sling used during transfer/fall incident. RN-A stated they would then document the sling they had chosen in the care plan, and confirmed no formal assessment/tool was used, nor were measurements taken or documented in the chart. RN-A was unsure if another form was utilized when sizing for the hourglass sling, and stated they used the sizing chart for both slings. Furthermore, RN-A stated if a resident was confused or agitated during the assessment, staff would re-approach but there was no assessment that addressed this concern.</p> <p>On 12/2/24 at 4:35 p.m., the representative for EZ way Inc.(O)-E stated hour glass slings can be used for residents with contractions, amputations, or who cant open their legs to use the U-shaped sling, however they would not recommend using them on someone who was confused or combative. O-E stated the appropriate placement of the sling was the top thicker area at the top of the shoulders, and the narrow section on the hips, and the lower thicker part on the thigh just above the knee. O-E stated using the improper size sling or improper placement can lead to a resident falling out of the sling.</p> <p>During follow-up conversation on 12/3/24 at 10:03 a.m., O-E stated they had provided the facility with training materials and in person trainings about patient safety, placement, and proper sling usage, but was unsure if they had provided them with the full-body assessment tool.</p> <p>On 12/2/24 at 3:37 p.m., the director of nursing (DON) stated upon admission the nurses were expected to use the manufacturer guidelines to appropriately size the slings for residents based on height and weight. The DON stated the nurse can choose which sling was used based on resident preference, or if they were confused, they choose the full body hour glass sling to prevent skin breakdown. Once chosen, the sling and size were placed in the care plan, however confirmed there was no formal assessment in place.</p> <p>On 12/2/24 at 6:22 p.m., DON stated their expectation for sling placement was halfway between the knee and butt. The DON stated staff had been trained via walk through demonstration of appropriate and safe placement, measurements, and they have an orientation checklist they go through with staff at the time of hire.</p> <p>The facility EZ Way Smart lift (Hoyer) competency checklist undated, discussed the safe and proper use of the EZ Way Smart Lift. However, it did not discuss proper placement on the body with the exception of making sure the resident is positioned in the center of the sling.</p> <p>On 12/5/24 at 11:38 a.m., DON stated the overall purpose of nursing assessments was to identify a change in condition, getting a history, and preventing undesirable outcomes. The DON expected assessments to be documented in the observation tab or in a progress note within point click care, to enable the facility to identify possible concerns and could go back and conduct another assessment if necessary. Lastly, the DON stated it was importance to complete assessments. If they were not documented it was not completed, and were necessary to improve the residents quality of life and prevent undesirable outcomes.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy Floor-based, Full body Sling Lift use last reviewed 3/28/24, indicated residents who require the use of a mechanical lift will be assessed for the appropriate sling size on admission before beginning use of a mechanical lift and with significant weight change.</p>