

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245536	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Green Lea Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 115 North Lyndale, Rr 2 Box 49 Mabel, MN 55954	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>49616</p> <p>Based on observation, interview, and record review the facility failed to keep 2 of 2 mechanical lifts in proper working condition.</p> <p>Findings include:</p> <p>During an observation on 9/5/24 at 9:41 a.m., nursing assistant (NA)-A was observed with Volara brand mechanical sit-to-stand lift (used to assist a resident to different positions with the resident needing to provide half of the weight bearing status) identified by the label B01-18. The lift had handle bar up and down switches that when pressed did not work to raise the resident up into a standing position. The same lift had a remote with an up and down function and the button to lower a resident to a sitting position was non-functioning. All of the machine wheels were visibly caked with hair that prevented the machine to easily turn or push. A full body mechanical lift A02-16 had a remote with the two buttons hanging out of the secure button holder held together by electrical tape. The wheels of this lift were also caked with hair.</p> <p>During an interview on 9/5/24 at 9:41 a.m., NA-A stated both of the lifts were still in use even though they needed repair. NA-A stated maintenance was aware the machines needed to be fixed. NA-A stated that normally a machine should be able to move with just two fingers but due to the amount of hair and grime on the wheels she had to use her full body to move the machine. NA-A demonstrated by moving the machine with her full body.</p> <p>During an observation and interview on 9/5/24 at 10:38 a.m., NA-A and NA-B used machine B01-18 used the machine to transfer a resident. NA-B stated we just push the buttons until we figure out which one works. The resident was able to transfer from the bed to the commode with machine B01-18.</p> <p>During an interview on 9/5/24 at 10:29 a.m., maintenance director (M)-A stated the staff have to inform him when a machine is in need of repair. The staff were supposed to put the request in TELS (an electronic request system) and maintenance would immediately fix the issue. M-A stated he does not clean the wheels and that the lift company that the facility purchased the machines from will clean the wheels yearly. M-A stated the machines work but they need new buttons. You would not get a shock from them when you use them. M-A stated he would go downstairs and get the parts to fix the machines immediately but stated he was not going to fix the button on the handle of the B01-18 lift right now because it would take too long.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245536	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Green Lea Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 115 North Lyndale, Rr 2 Box 49 Mabel, MN 55954	
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During record review on 9/5/24, Mechanical lift A02-16 and B01-18 maintenance weekly check lists for August 2024 were completed on 8/5/24, 8/12/24, 8/19/24, and 8/26/24 included components of the lift that were supposed to be inspected and included check marked boxes indicating tasks were completed or identified the task inspection was not applicable. The check list did not identify if there were repairs and/or cleaning that was completed at the time of the inspection.</p> <p>During record review the last inspection document the facility had on hand of the company coming to the facility for an inspection was from 6/27/21.</p> <p>During an interview on 9/5/24 at 2:06 p.m., Administrator stated that it is expected that the mechanical lifts be in proper working order.</p> <p>The manufacturer was called on 9/5/24 at 1:50 p.m., and an email was also sent. No response to the phone call or email from the manufacturer.</p> <p>SMT Health systems Volaro Series 4 Lift Operator's Manual dated 3/2019, identified the lift is operated by switches located at the tips of the handles. This allows proper ergonomics by keeping the hands on the handles while operating the lift and maneuvering it at the same time. The optional hand control provides a second source to operate the lift.</p> <p>Every Day keep your Volaro lift clean by wiping it down with a damp cloth. Use a mild detergent if needed.</p> <p>Every three months check the movement of the lift and remove hair from casters if needed.</p> <p>Periodically, a general visual inspection of the external parts and all functions can be carried out to ensure no adverse damage has occurred. If any doubt, withdraw the equipment from use and call SMT Customer Service.</p>		