

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245545	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Fair Meadow Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Garfield Avenue Southeast Fertile, MN 56540	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35569</p> <p>Based on interview and document review the facility failed to thoroughly investigate an allegation of neglect of care for 1 of 3 residents (R1) reviewed for safety during staff assisted transfers with a mechanical stand device.</p> <p>Findings include:</p> <p>R1's Admission Record identified an admitted [DATE]. Diagnosis included multiple fractures of pelvis, osteoarthritis in left hip and disorder of bone density.</p> <p>R1's significant change Minimum Data Set (MDS) dated [DATE] identified intact cognition. The MDS indicated R1 had lower extremity impairment on both sides and was dependent on staff for transfers.</p> <p>Facility incident report dated 10/5/24, indicated staff nurse responded to a call and found R1 on the bathroom floor with legs stretched forward and her back leaning against staff member's leg. When asked the nursing assistant (NA) stated she had been transferring R1 to the toilet when R1 slipped out of the harness strap and sat on the floor. NA- also stated R1 hit her head during the fall. R1 verbalized having pain in her head. R1 was unable to describe the details of the incident.</p> <p>R1's hospital history and physical notes dated 10/07/24, indicated she presented to the emergency department on 10/7/24 after a fall the previous day at the facility. The notes indicated R1 had landed on her left hip and hit her head on the toilet, was having difficult bearing weight and was more confused than usual. CT of left hip confirmed a non-displaced fracture of the acetabulum (the socket part of the hip joint).</p> <p>R1's care plan updated 10/18/24, identified acute and chronic pain arthritis and fall with pelvic fracture. The care plan indicated she required assist of one staff for transfer via mechanical stand device prior to fall with fracture.</p> <p>During interview on 11/18/24 at 11:54 a.m., R1 stated she remembered falling and said, I just went whoosh. R1 stated she fell in her room and staff helped her get up. R1 stated had not fallen out of a machine and said, could be I hit my head, I don't know.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 11/18/24 at 1:07 p.m., NA-A stated she had put R1 in the mechanical stand and strapped the harness tight. NA-A stated when they got inside the bathroom R1 said she could not hold on anymore and let go of the machine and slipped through the harness. NA-A further stated she had used the medium sized sling and had used the leg straps. NA-A said after the incident occurred, staff received training on reporting a fall from a mechanical device.</p> <p>During interview on 10/18/24 at 1:56 p.m., the director of nursing (DON) stated she was not in the facility when R1 fell from the mechanical stand and said she had received a phone call several hours after the incident. The DON stated she had not looked at the harness following the incident to determine if the size was correct or if the harness was in good condition and said she hoped licensed practical nurse (LPN)-A had looked at them. The DON said the lift had not been inspected after the fall. The DON stated she only knew what was told to her and said she had been told R1 was just about to the toilet, and she raised her arms and slipped out of the sling.</p> <p>During interview on 10/18/24 at 2:00 p.m., physical therapist (PT)-A was asked what could cause a fall from a mechanical stand device. PT-A stated, I suppose they could fall if a resident's knees were not secure against the barrier, referring to the plate and the base of the machine that the knees of the resident rest against, or if the harness was not securely attached to the torso. PT-A stated if everything were hooked properly it would be almost impossible to fall out the mechanical stand.</p> <p>During interview on 10/18/24 at 2:15 p.m., LPN-A stated when he entered the room after R1 fell, she was seated on the floor and was propped up against NA-A's leg. LPN-A stated he asked R1 if she hit her head and she stated she had. LPN-A stated the lift was in the bathroom by the door. LPN-A said he had not inspected the lift or the harness.</p> <p>Facility policy Reporting of Mistreatment of Vulnerable Adults dated 8/20/24, indicated the social services designee will initiate the internal investigation checklist and conduct an internal investigation which will include staff and resident interviews.</p>