| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245573 | A. Building<br>B. Wing | 07/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Clara City Care Center | 1012 North Division Street<br>Clara City, MN 56222 |

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 0689<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>(continued on next page) |

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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| F 0689<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and document review, the facility failed to ensure safe use of a mechanical lift per manufacturer's recommendations to transfer 1 of 11 residents (R1), who required a mechanical lift for transfers. This resulted in an immediate jeopardy (IJ) when R1 fell from a full body mechanical lift causing R1 to suffer fractures to her cervical spine (C1 and C6), nasal cavity, and left femur as well as lacerations to facial area requiring hospital admission. In addition, the facility failed to ensure a system for completed comprehensive assessments for sling size and/or care plan development for 9 of 11 residents (R1, R2, R3, R5, R6, R8, R9, R10, R11) reviewed who required mechanical lifts. The IJ began on [DATE], when staff failed to ensure the lift sling was properly secured and the environment was clear prior to the transfer causing R1 to fall from the mechanical lift. The administrator and director of nursing (DON) were notified of the IJ on [DATE] at 4:20 p.m. The IJ was removed on [DATE] at 2:11 p.m., when the facility had implemented immediate corrective action to prevent recurrence, but noncompliance remained at a lower scope and severity of a D with no actual harm with potential for more than minimal harm that was not immediate jeopardy.Findings include: A Facility Reported Incident (FRI) submitted to the State Agency (SA) on [DATE] at 9:25 a.m., alleged potential caregiver neglect when R1 fell from the mechanical lift during a transfer and sustained a large gash above right eyebrow and on her nose. R1 was transferred by ambulance to the emergency department (ED). R1's Emergency Department Note dated [DATE] at 7:49 a.m., identified R1 was seen in the ED for assessment after she fell out of a hoyer lift. R1 presented with laceration to right eyebrow, bridge of nose, and some bleeding to the gums of her mouth. R1 also complained of increased difficulty breathing through her nose as well as feeling her head was heavy. The note identified that due to R1's multiple fractures and unstable burst fracture of the first cervical vertebra, R1 was transferred to the St. Cloud Hospital for further assessment and care. Clinical impression included closed unstable burst fracture of the first cervical vertebra, closed odontoid ( is a specific type of cervical spine injury involving the second cervical vertebra (C2)) fracture with displacement, fracture of the sixth cervical vertebra, and open fracture of nasal bone. R1's quarterly Minimum Data Set (MDS) dated [DATE], identified R1 had intact cognition. Diagnoses included at the knee amputations of both legs, paraplegia and rheumatoid arthritis. Identified R1 required staff assist with toileting, dressing, bed mobility, and transferring. R1's care plan last revised on [DATE], indicated R1 had a bilateral above the knee amputation in 2019, and required total assist of two (staff) and Hoyer (brand name of a full body mechanical lift) for transfers. The care plan did not identify the sling size staff were to use for transfers. Identified R1 had sutures to her nose and right forehead above the eyebrow with suture removal scheduled for [DATE]. In addition, R1 had a C1 and C6 (neck) fractures which required a cervical (neck) collar to be worn at all times. In addition, R1 had a nasal fracture and a left femur fracture requiring a leg immobilizer to be worn when R1 was up in wheelchair and during transfers. The facility identified focus sheet (abbreviated care plan for nursing assistants (NA)) as of 714/25, indicated R1 required two staff assist with Hoyer Lift however, the sling size was not identified. R1's progress notes dated [DATE] at 10:33 a.m., identified R1 was transferred to the ED for a C1, C2, and nasal fracture after a fall from a lift while staff transferred her from bed to wheelchair. R1's progress note dated [DATE] at 4:01 p.m., identified R1 returned from the hospital with the following injuries: laceration with five stitches above her right eye brow; laceration with three stitches in the center of her nose; bruising around right eye and down to the right side of her lips; bruising to her left eye under and on the corner of her inner eye; a 2.5 centimeter (cm) x 4 cm bruise near her left lateral elbow; two bruises on her left forearm sized 2 cm x 5.5cm and 5cm x 3.5 cm; neck brace on; and leg immobilizer on. R1's last documented weight on [DATE], was 136 pounds and previous weight on [DATE], was 123.6 pounds. An undated facility document labeled Medcare Products indicated all sling sizing recommendations were provided for patient comfort and fit. For a resident weight of 100-210 lbs. (pounds) a medium sized sling would be indicated. During an observation and interview on [DATE] at 11:12 a.m., R1 was sitting in the common area and was noted to have scabs, bruises, sutures to her face with a neck collar on, and an immobilizer brace on her left upper leg. R1 stated she had just returned from the hospital and was having pain all over, all of the time. R1 further identified she fell out of the lift fell the top sling loop by the right side of her head came off. When she fell out of the lift, she hit her face and nose on the leg of the lift and her legs hit something when she fell however she was not sure what they hit. R1 stated, I don't think they had it [sling] hooked up right as she stated she used the lift for six years and |