

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245581	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Fair Oaks Nursing & Rehab LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Shady Lane Drive Wadena, MN 56482	

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** 35569</p> <p>Based on observation, interview and document review the facility failed to demonstrate safe patient handling to reduce the risk for accidents for 3 of 4 residents (R1, R2, R3) reviewed for safety with mechanical lift assisted transfers.</p> <p>Findings include:</p> <p>R1's Admission Record indicated she admitted to the facility 4/26/24. R1's diagnosis included functional quadriplegia, impaired cognitive function, cognitive communication deficit and weakness.</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], identified moderate cognitive impairment and indicated Bilateral upper and lower extremity impairments. The MDS indicated R1 was dependent on staff for transfers.</p> <p>R1's Transfer and Mobility Evaluation dated 2/18/25, indicated the use of a mechanical lift for transfer using an extra-large sling.</p> <p>R1's care plan dated 1/22/25, identified a self-care deficit related to obesity, pain, and weakness. The care plan directed staff to assist with transfers utilizing a mechanical lift and XL sling. The care plan identified a fall from a mechanical lift on 2/5/25.</p> <p>R1's undated Kardex indicated she transferred using a total lift and XL sling.</p> <p>R2's Admission Record indicated she admitted to the facility 1/17/25. R2's diagnosis included polyneuropathy, gait and balance abnormalities, unsteadiness, and muscle weakness.</p> <p>R2's quarterly MDS dated [DATE], identified intact cognition and indicated Bilateral lower extremity impairments. The MDS indicated R2 was dependent on staff for transfers.</p> <p>R2's Transfer and Mobility Evaluation dated 2/20/25, indicated the use of a mechanical lift for transfer using a medium sling.</p> <p>R2's care plan dated 7/5/24, identified a self-care deficit related to spinal fusion, gait abnormalities and weakness. The care plan directed staff to assist with transfers utilizing a mechanical lift and medium sling.</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>R2's undated Kardex indicated transfer using a mechanical lift and medium sling.</p> <p>R3's Admission Record indicated she admitted to the facility 6/14/18. Diagnosis included polyneuropathy, unsteadiness, deformities of foot, stiffness in hands and pain.</p> <p>R3's significant change MDS dated [DATE], identified intact cognition and indicated Bilateral upper and lower extremity impairments. The MDS indicated R3 was dependent on staff for transfers.</p> <p>R3's Transfer and Mobility Evaluation dated 11/28/24, indicated the use of a mechanical lift for transfer using an extra-large sling.</p> <p>R3's care plan dated 2/19/25, identified limited physical mobility related to muscle weakness, deformities of foot and fibromyalgia. The care plan directed staff to assist with transfers utilizing a mechanical lift and large sling.</p> <p>R3's undated Kardex indicated R3 transferred with a mechanical lift and large sling.</p> <p>An EZ Way Sling Sizing Chart for use with EZ Way mechanical lift device identified the following color-coding system:</p> <ul style="list-style-type: none"> -Gray - small, 70-100 pounds (lbs.) -Beige- Medium, 91-220 lbs. -Burgundy- Large, 190-320 lbs. -Green- Extra-large (XL) - 280-450 lbs. -Black- XXL- 400-600 lbs. -Brown- XXXL- 600 + lbs. <p>-Color coding was used on the binding of the slings.</p> <p>During observation on 2/26/25 at 1:19 p.m., nursing assistants (NA)-A and NA-B transferred R1 using a mechanical lift. The sling used to transfer R1 had a beige binding which indicated a medium sling. R2 was seated in a wheelchair in the room with a sling underneath her. NA-A and NA-B transferred R2 using the mechanical lift and the sling with beige binding which indicated a medium sling.</p> <p>During observation on 2/26/25 at 4:59 p.m., NA-C and NA-D prepared to transfer R3 in a mechanical lift using a sling with split legs. As the lift started to rise, R3 stopped the NA's and said the leg straps were not crossed. NA-C stated, I did it again.</p> <p>During observation on 2/27/25, at 9:11 a.m., R1 and R2 were in bed. R1 had a sling underneath her in the bed that had a burgundy binding which indicated a large sling.</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>During observation and interview on 2/27/25 at 8:59 a.m. R3 stated she had stopped the transfer the previous evening because the legs of the sling should have been criss/crossed and they were not. R3 stated one time she had almost fallen through the sling as it was in the air because of the same thing. R3 stated she had to remind the staff frequently to cross the straps between her legs. R3 further stated, a few weeks before, staff had put her in her recliner and started to pull the lift from the room without unhooking the straps causing her to pull her whole body forward. R3 was seated in a wheelchair on top of a large sling.</p> <p>During interview on 2/27/25 at 9:22 a.m., NA-A stated the residents did not have their own slings. NA-A stated sling size depended on the residents weight. NA-A stated she did not know where to find the sizing guide and said she just guessed the size based on her experience and said there was not anything that told them what size to use.</p> <p>During interview on 2/27/25 at 9:31 a.m., NA-E stated the sling size should be in the care plan and was based on the residents weight. NA-E said, staff just knew what size to use. NA-F was also present and said there used to be a chart on the wall in the linen room but was not there anymore. NA-F stated, when you have been here long enough, you know what size.</p> <p>During observation with NA-B on 2/27/25 at 9:37 a.m., NA-B confirmed both R1 and R2 currently had large slings under them and confirmed both R1 and R2 had been transferred using medium slings the previous day.</p> <p>During interview on 2/27/25 at 9:56 a.m. the director of nursing (DON) stated residents were assessed for sling size on admission. The DON said residents do not have their own dedicated slings and said the size was listed on the Kardex and said they could also go by the color of the sling. At 11:46 a.m., the DON stated lift training were completed on the computer and in person training as well as with their mentor during orientation.</p> <p>Facility policy and procedure Total Mechanical Transfer dated 8/1/15, indicated to safely transfer residents who have been assessed per the safe patient handling program to requires the use of a total lift. The procedure directed staff to assemble the needed supplies, including the sling. The policy did not include identification of the appropriate sling and/or sling size.</p> <p>Facility Provided checklist titled United Heartland Total Lift, dated 8/2016, indicated; brings equipment to the bedside. Uses the proper size sling for the resident.</p>		