

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245596	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER South Shore Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1307 South Shore Drive Worthington, MN 56187	

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 - Immediate jeopardy to resident health or safety</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** 39998</p> <p>Based on interview, observation and document review the facility failed to safely use a mechanical lift per manufactures recommendations to transfer 1 of 1 resident (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 three fractures to his thoracic and lumbar spine (T1, T6, and L1) requiring hopsital admission. In addition, the facility failed to ensure a system for completed comprehensive assessments for sling size and/or care plan developement and/or the care plan was followed for for 8 of 8 residents (R1, R2, R3, R5, R6, R7, R8, R9) reviewed who required full body mechanical lifts.</p> <p>The IJ began on 8/25/24 when staff failed to ensure lift sling was properly secured prior to the transfer causing R1 to fall from the mechanical lift. The administrator, regional nurse, and director of nursing (DON), and assistant director of nursing (ADON) were notified of the IJ on 8/27/24 at 4:55 p.m. The IJ was removed on 8/28/24 at 5:00 p.m., when the facility had implemented immediate corrective action to prevent recurrence, but noncompliance remained at a lower scope and severity of a E with no actual harm with potential for more than minimal harm that was not immediate jeopardy.</p> <p>Findings included:</p> <p>During observations on 8/27/24 between 10:23 a.m. to 2:28 p.m. the facility used the EZ-Way brand full body mechanical lifts and not the Hoyer brand full body mechanical lifts which the facility identified in their progress notes/documentation.</p> <p>A Facility Reported Incident (FRI) submitted to the state Agency (SA) on 8/26/24 at 1:03 a.m., alleged potential caregiver neglect when R1 fell backwards from the sling of the Hoyer (brand name of full body mechanical lift) during a transfer and sustained increased pain, emergency department (ED) evaluation, and compression fractures to his back.</p> <p>R1's admission Minimum Data Set (MDS) identified R1 was admitted on [DATE] and no other information was available.</p> <p>R1's brief interview of mental status (BIMS) dated 8/21/24, indicated R1 was severely cognitively impaired.</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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R1's care plan dated 8/23/24 indicated R1 had diagnoses of vascular dementia, chronic kidney disease, and major depressive disorder with psychotic features. Also indicated R1 required two staff assist with a large sling and full body mechanical lift for transfers. R1 required one assist with bed mobility, eating, personal hygiene, dressing, and toileting.</p> <p>R1's Kardex (abbreviated care plan for nursing assistants (NA)) as of 8/27/24 indicated R1 required two staff assist with Hoyer Lift with large sling.</p> <p>R1's Lift/Transfer Evaluation dated 8/22/24, indicated R1 could not bear weight, was cooperative with transfers and repositioning, did not have any upper extremity strength, and could not assist with transfers. R1's weight range was between 100-200 pounds and does not lack any sensation in any body parts.</p> <p>An undated facility document labeled Sling Sizes indicated R1 required a large sling.</p> <p>R1's progress notes dated 8/25/24 at 11:17 p.m., indicated staff were transferring R1 from bed to wheelchair using Hoyer lift. While R1 was in the air he fell backwards, head was facing down. R1 hit his head on the floor and sustained a lump to the back of the head. R1 sent to ED for evaluation. A follow up progress note dated 8/25/24 at 11:29 p.m., indicated R1 had been transferred to a higher level of care hospital due to fractures and fluid in the lungs.</p> <p>R1's Progress Note dated 8/26/24 at 3:41 p.m., indicated R1 admitted to hospital and had a T1 fracture (upper back spine), T6 spinal fracture (mid back spine), L1 cerebral fracture (lower back) and was receiving pain management.</p> <p>During an interview on 8/27/24 at 1:30 p.m., nursing assistant (NA)-A indicated she was assisting NA-D with R1's transfer on 8/25/24 when R1 fell out of the lift. NA-A Indicated it was the first time she had worked with R1 that day. NA-A was not sure which size lift sling R1 was supposed to use but used the lift sling that was already underneath him in the chair, NA-A thought it may have been maroon/large but was not sure. NA-A stated R1's fall happened so fast, he just fell out.</p> <p>During an interview on 8/27/24 at 1:40 p.m., NA-D indicated she assisted NA-A with R1's transfer on 8/25/24 when R1 fell out of the lift. NA-D indicated it was her first time working with R1. NA-D explained they were transferring R1 from the bed to the recliner and one of the sling loops came off the lift hook and R1 fell out of the lift to the floor. NA-D Further indicated the sling was under R2 in bed so that is the one they used to transfer him. NA-D was not sure what color or size it was. NA-D verified they did not check R1's care plan indicating the sling size and did not stop to check the tension of the straps when lifting R1. NA-D Identified the sling sizes were on the resident's Kardex and a list was posted on the linen closet door.</p> <p>During an interview on 8/27/24 at 3:43 p.m., the director of nursing (DON) indicated NA-A and NA-D must not have stopped and checked that the lift sling loops were secured when R1 was lifted, and the sling was not taut. Further indicated, it was expected that staff would use the care planned sling, double check the size of the sling prior to transfer, and do their safety checks during the transfer to avoid resident injury. They were unsure what size the sling was when R1 fell .</p> <p>R2</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During observation and interview on 8/27/24 at 10:49 a.m., R3 was sitting in a recliner when nursing assistant (NA)-A and NA-B placed a beige full body sling underneath her. NA-B stated, it is a brown sling, so it is a medium sling and referred to a color-coded chart on the lift with weights on it. Further indicated the nurses weighs the resident and then put the sling size in the Kardex so the NA's knew what sling size to use for transfers. NA-B confirmed the beige sling was the correct sling and proceeded with the transfer from recliner to wheelchair even though the Kardex directed the use of large size sling.</p> <p>R5</p> <p>R5's admission Minimum Data Set (MDS) identified R5 was admitted on [DATE] and no other information was available.</p> <p>R5's BIMS dated 8/27/24, indicated R5 was cognitively intact.</p> <p>R5's care plan dated 8/26/24, identified R5 required two staff assist for transferring using a Hoyer lift and large sling. R5's diagnoses included osteoarthritis of both knees, diabetes, dementia, hearing loss, and anxiety disorder.</p> <p>R5's progress notes dated 8/27/24, indicated R5 also required two staff assist with bed mobility, dressing, and toileting.</p> <p>R5's Kardex dated 8/27/24 indicated R5 was totally dependent on two staff for transferring using the Hoyer lift and large sling.</p> <p>R5's Lift/Transfer Evaluation dated 8/22/24 indicated R5 was cooperative with transfers and repositioning; did not have upper extremity strength and could not assist with transfers; is less than 200 pounds and did not lack sensation in any part of the body.</p> <p>An undated facility document labeled Sling Sizes indicated R5 used a large Hoyer sling for transfers.</p> <p>During an observation on 8/27/24 at 10:20 a.m., R5 was noted to be sitting in her wheelchair with a beige full sling underneath her in the chair. According to the EZ Way Sling Color Coding System chart, a beige sling was a size medium sling.</p> <p>During observation and interview on 8/27/24 at 11:51 a.m., R5 was noted to be sitting in her wheelchair with a beige sling under her in the wheelchair when registered nurse (RN)-A and NA-B began to hook the beige sling up to the full body mechanical lift. RN-A and NA-B both stated R5 used a beige sling, size medium for transfers. As they began to lift R5 off the wheelchair, the SA evaluator stopped them and advised them R5's care plan directed that R5 used a large burgundy sling. RN-A indicated that the medium sling they were using worked for R5 so she would just change the care plan. RN-A and NA-B proceeded with the transfer from wheelchair to bed with the beige/medium sling.</p> <p>R6</p> <p>R6's significant change MDS dated [DATE], indicated R6 had impairment on both upper and lower extremities and was totally dependent for transfers. No behaviors.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R6 BIMS dated 7/26/24 indicated intact cognition.</p> <p>R6's care plan revised on 5/13/24, indicated R6 transferred with two assist and EZ-Stand (sit to stand lift) with all transfers using a large sling. The resident was also dependent on staff for bed mobility, dressing, and toileting. Care plan did not reflect R6's use of full body mechanical lift nor did it identify which sling to use for transfers with the full body mechanical lift.</p> <p>R6's Kardex dated 8/27/24, indicated transfers were to be completed with assist of two with the EZ-Stand lift with all transfers using the large sling. Kardex did not reflect R6's use of full body mechanical lift nor did it identify which sling to use for transfers with the full body mechanical lift.</p> <p>R6's Lift Mobility Status dated 7/30/24, indicated R6 could bear weight on at least one leg, could grip the lift bar with both hands, is cooperative, less than 342 pounds and lift will by the EZ-Stand lift.</p> <p>An undated facility document labeled Sling Sizes indicated R6 used a large Hoyer sling for transfers.</p> <p>During observation and interview on 8/27/24 at 11:40 a.m., R6 was seated in a wheelchair with a beige/medium sling underneath her when NA-B and NA-C came in the room with an EZ-Stand lift and a large harness and assisted R6 to stand. A beige/medium full body sling was hanging over a bar in R6's room. When asked, R6 indicated they (staff) used that in the mornings to get her out of bed and weigh her. R6 indicated she disliked the full body lift and confirmed the beige sling was used every morning. NA-B verified the beige/medium sling was used every morning to transfer R6 out of bed. NA-C also verified the beige/medium sling was used every morning to transfer R6 out of bed and was the correct size for R6.</p> <p>R7</p> <p>R7's quarterly MDS dated [DATE], indicates R7 had no impairment on upper extremities but was impaired on both lower extremities, and dependent with transfers. Diagnoses included osteoarthritis to the left knee, below the knee amputee right leg, and anxiety disorder.</p> <p>R7's BIMS dated 6/15/24, indicated intact cognition.</p> <p>R7's care plan last revised on 2/8/24, identified R7 transferred with two assist and Hoyer lift with a large sling. R7 also required staff assist with dressing lower half of body, personal hygiene, and toileting.</p> <p>R7's Kardex was requested but not received.</p> <p>R7's Lift Mobility Status dated 6/22/24, indicated R7 could not bear weight, could tolerate a semi-reclined position, and lift to be used was a Hoyer lift. No other information was provided.</p> <p>An undated facility document labeled Sling Sizes indicates R7 used a large Hoyer lift sling for transfers.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During observation and interview on 8/27/24 at 1:15 p.m., R7 was in bed and was noted to have a green full body sling in her wheelchair. R7 indicated she had an amputated leg so is unable to walk and needed to be transferred with a Hoyer lift. R7 further verified the green sling in the wheelchair was used for every transfer. According to the EZ-Way Sling Color Coding System chart, a green sling was considered a size extra-large sling.</p> <p>During an interview on 8/27/24 at 1:20 p.m., NA-C indicated R7 was transferred with the full body mechanical lift and the green sling that was in the wheelchair. Further indicated the NAs tell the nurses the resident's weight and they tell them what size sling to use and the sling size was then written on a sheet of paper in the linen closet.</p> <p>R8</p> <p>R8's annual Minimum Data Set (MDS) dated [DATE], indicated R8 had no upper extremity impairment, impaired movement on lower extremities, dependent on staff for all transfers and mobility. Diagnoses included cerebral infarction (stroke), peripheral vascular disease, arthritis, and anxiety.</p> <p>R8's BIMS dated 8/5/24, indicated moderate cognitive impairment.</p> <p>R8's care plan last revised on 8/26/24, indicated R9 transferred with the EZ-Stand with assist of two and extra-large sling. R8 also required assist of two staff with dressing and toileting. The care plan did not identify the use of a full body mechanical lift or sling size.</p> <p>R8's Kardex was requested but not received.</p> <p>R8's Lift Mobility Status dated 8/3/24, indicates R8 could bear weight on both legs, grab the lift bar with both hands, was cooperative, weight was less than 342 pounds, identified lift to be used as the EZ-Stand lift with extra-large sling.</p> <p>An undated facility document labeled Sling Sizes, indicated R8 used an extra-large Hoyer sling for transfers.</p> <p>During an observation on 8/27/24 at 2:28 p.m., R8 was noted sitting in a recliner and had a black sling under him. According to the EZ Way Sling Color Coding System chart, a black sling was considered a size double extra (XX)-large sling.</p> <p>R9</p> <p>R9's admission MDS was in progress and identified R9 was admitted on [DATE] with no other information available.</p> <p>R9's BIMS dated 8/23/24, indicated intact cognition.</p> <p>R9's care plan dated 8/23/24, did not address transfer status or mobility status.</p> <p>R9's Kardex dated 8/27/24, indicated R9 transferred with two staff assist. Did not specify mode of transfer nor sling size.</p> <p>(continued on next page)</p>		

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