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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>245599 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>05/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Divine Providence Community Home |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>700 Third Avenue Northwest<br>Sleepy Eye, MN 56085 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0689</p> <p>Level of Harm - 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49616</b></p> <p>Based on interview and record review the facility failed to use the appropriate type of mechanical lift sling according to the care plan for 1 of 3 residents (R1) reviewed for mechanical lift transfers. This resulted in harm when R1 was transferred with with a toileting sling resulting in subsequent pain, bruising and diagnosed humoral fracture to left arm.</p> <p>Findings include:</p> <p>A facility reported incident (FRI) submitted to the State Agency on 5/6/24, indicated R1 had an unexplained injury that staff became aware of on 5/4/24 when a nursing assistant (NA) reported R1 had dark black and blue bruising on her upper arm. R1 was sent to the hospital for further evaluation.</p> <p>R1's face sheet identified R1 had diagnoses that included wedge compression fracture of T7-T8 vertebra, unilateral primary osteoarthritis, impingement syndrome of left shoulder, unspecified fracture upper end of left humerus, chronic pain, and abnormalities of gait and mobility.</p> <p>R1's quarterly minimum data set (MDS) dated [DATE], identified R1 had moderate cognitive impairment, moderate difficulty with hearing, unclear speech, rarely/never understood, but usually understood others. R1 had upper and lower extremity impairment on both sides that required staff assistance with all activities of daily living (ADLs).</p> <p>R1's care plan dated 2/13/24, indicated R1 had a progressive decline in strength and use of extremities, and had muscle weakness in right hand, and a [NAME] left shoulder from non-use. For toileting the care plan directed 1 to 2 helpers with ARJO (brand name) blue medium sized sling -resident can use this sling for toileting- please do not use sling that goes under the arms.</p> <p>R1's Therapy/Restorative-Plan of Care dated 4/30/24, for transfers directed assist of 1-2 staff with ARJO Hoyer/EZ body sling, Blue/medium sling- can use this sling for toileting- do not use sling that goes under her arms. Ensure full body sling under bottom for transfers.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>During an interview on 5/10/24 at 9:45 a.m., trained medication aide (TMA)-A indicated R1 had decreased range of motion in her shoulders/arms and R1 could not raise her arms up. TMA-A indicated the facility had two types of lift slings, a regular full sling and the toileting sling which went under the arms. TMA-A stated R1 had been using a full body sling for approximately 1.5 years and would not be able to use the toileting sling because the sling would cause R1's arms to go up. TMA-A stated she worked the day shift on Friday, 5/3/24, and transferred R1 from the wheelchair to her bed after lunch using the full sling. TMA-A did not notice anything abnormal and did not recall R1 having any increased pain anywhere.</p> <p>During a phone interview on 5/9/24 at 2:27 p.m., NA-C indicated R1's arms were difficult to move because they were stiff and rigid; washing under her arms was hard because of her decreased range of motion. R1 was transferred with a mechanical full body lift by two staff. NA-C indicated she worked the night shift and did not routinely transfer R1. NA-C stated she worked the overnight shift Thursday (5/2/24) and stayed late on the day shift Friday (5/3/24). NA-C explained when she and NA-D transferred R1 from her bed to wheelchair Friday morning they used the ARJO toileting sling because that was the one in R1's room. The toileting sling shape is different from the full sling because the toileting sling goes under the arms instead of fully encompassing the upper body. The toileting sling also had a buckle that went across the upper chest at shoulder level that would cause some pressure. NA-C stated it was difficult to put the sling on R1 because they had to move R1's arms so that they were outside of the sling for the transfer. R1 made moaning noises when she was moved. NA-C indicated she had questioned at the time of the transfer if the toileting sling was the right one because of the difficulty applying it. NA-C stated R1 should have been transferred with a full sling but did not know that at the time.</p> <p>Calls were placed to NA-D on 5/9/24 at 2:24 p.m. and 5/10/24 at 9:37 a.m., no return call from NA-D was received.</p> <p>R1's progress note on 5/3/24 at 9:30 p.m., R1 had yelled out when arm was touched or moved with cares. The note did not identify which arm.</p> <p>During a phone interview on 5/10/24 at 10:51 a.m., licensed practical nurse (LPN)-A stated on Friday 5/3/24 she worked the evening shift. LPN-A stated the NA called her to R1's room because she was having increased pain in her right arm. LPN-A did not notice any bruising on R1's right arm and there was no change in R1's shoulder/arm range of motion. LPN-A added the increased pain into the computer and passed along her findings in her report to the next shift.</p> <p>During an interview on 5/9/24 at 10:55 a.m., NA-A stated she assisted R1 with morning cares on the morning of 5/4/24. NA-A stated R1 was always tight and constricted on her right arm but that morning the whole arm felt loose and was easily lifted compared to the left side. NA-A stated she told the nurse of her findings</p> <p>R1's late entry progress note dated 5/5/24 at 2:20 p.m. for 5/4/24, identified nursing assistant (NA)-A called nurse to room due to (d/t) R1's right arm hurting with movement. No bruising. Hospice nurse in the building checked her out.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>During a phone interview on 5/10/24 at 11:10 a.m., LPN-B stated she worked 5/4/24 during the day. LPN-B verified NA-A had her go to R1's room for R1's right arm moving more than normal. LPN-B stated she did not notice any abnormalities and had the hospice nurse look at it. LPN-B stated she looked at the arm on 5/5/24 (Sunday) morning, it had bruising on it that was not present of 5/4/24.</p> <p>During a phone interview on 5/10/24 at 2:47 p.m., hospice nurse (H)-A stated she examined R1 on 5/4/24 because facility staff were concerned with flaccidness of R1's right arm. I didn't think it was a huge, big deal, maybe she [R1] was more relaxed and she is pretty non-verbal. She looked comfortable. H-A was at the facility 5/5/24 and examined the change with the bruising on the right arm. H-A then notified the hospice doctor who advised the decision to send R1 to the hospital was up to R1's family. H-A stated I think that using the toileting sling that was the only thing that I could come up with that may have caused it [the injury to R1's right arm].</p> <p>During an interview on 5/9/24 at 1:21 p.m., registered nurse (RN)-A stated R1 did not move her arms or legs independently on a good day. Normally, R1 liked her arms down and bent at the elbow and resting on her abdomen. RN-A explained she worked during the day on 5/5/24. That morning, (NA)-B had her come to R1's room to examine bruising. RN-A stated when she arrived to R1's room, she told NA-B don't touch, don't move [R1]. RN-A assessed R1's bruising and then called family member (FM)-A to come to the facility. H-A who was in the building examined R1 and FM-A requested R1 be sent to the emergency department.</p> <p>R1's progress note on 5/5/24 at 9:14 a.m., identified R1 moaned a lot for unknown reason and had right upper arm anterior (front) and posterior (back) dark purple bruising and pain with movement. At 11:23 a.m., R1 was transferred to the emergency department. At 2:46 p.m., R1 returned from the emergency department.</p> <p>R1's emergency department note on 5/5/24 signed at 1:37 p.m., identified R1 presented to the emergency department due to a change in the patients humeral area with significant increase in pain with movement as well as bruising. Exam consisted of significant bruising on the central aspect of the humeral area and the posterior aspect of the humeral area. Swelling and decreased range of motion noted along with pain when moving extremity away from body. R1's X-ray identified diffuse osteopenia and angulated nondisplaced proximal right humeral fracture with subluxation of the humeral head relative to the glenoid (common fracture often seen in elderly patients with osteoporotic (weak and brittle) bone usually from an outstretched arm).</p> <p>During a phone interview on 5/10/24 at 10:00 a.m., medical doctor (MD)-A stated with R1's condition, any kind of a pressure could cause a fracture.</p> <p>During an interview on 5/10/24 at 11:25 a.m., physical therapist (PT)-A reviewed emergency department notes and stated considering R1 had osteopenia, an upward force like that of using a toileting sling could be related to a dislocation or fracture, especially with R1's frailty.</p> <p>During an interview on 5/9/24 at 10:04 a.m., with administrator and director of nursing (DON), DON explained when R1 first transitioned from the sit-to-stand, the toileting sling was first tried, however that pulled too much on her shoulders, so it was determined R1 should use the full sling, instead.</p> <p>(continued on next page)</p> |   |  |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few  | <p>During an interview on 5/10/24 at 12:32 p.m., the administrator stated it was her expectation staff followed the care plan.</p> <p>The facility policy titled assisting with transfers and walks reviewed 3/2022, identified that care plans and caregiver worksheets offer guidance regarding level of assistance required by each resident. Employees will perform all transfers in compliance with these tools.</p> |   |  |