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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>245636 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>12/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>MN Veterans Home Fergus Falls |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1821 North Park<br>Fergus Falls, MN 56537 |                                              |

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Respond appropriately to all alleged violations.</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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Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>12/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>MN Veterans Home Fergus Falls                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review, the facility failed to provide sufficient protection to other residents while the investigation was completed for 1 of 3 residents (R1) who was reviewed for accidents. This had the potential to affect all 9 residents who required staff assistance with total body lift transfers. Findings include: R1's quarterly Minimum Data Set (MDS) dated [DATE], identified he was admitted to the facility on [DATE], from a skilled nursing facility. He had severely impaired cognition, disorganized thinking, and physical behavioral symptoms directed toward others (hitting, kicking, pushing, scratching, grabbing). He was dependent upon staff for all transfers. Diagnoses included non-traumatic brain dysfunction, Alzheimer's (brain cells die over time, brain shrinks and causes dementia/memory loss), aphasia (a disorder that affects how you communicate, speech and as well as the way you write and understand both spoken and written language), seizure disorder, and muscle weakness. R1's care plan dated 12/1/25, identified impaired mobility/transfers due to generalized weakness and severely impaired cognition. Staff were directed on 10/28/25, transfer with one staff assist with ceiling lift. Use Basic Basic (all around sling) size large sling. May leave ceiling lift sling under when in wheelchair. Two staff assist with transfers when having increased behaviors. Care plan transfer section revised on 12/1/25, two staff assist with all transfers using ceiling lift and use Sit on Comfort size large sling. R1's progress notes from 11/30/25 through 12/2/25, identified: -On 11/30/25 at 3:55 p.m. Fall Note: Nursing assistant (NA) alerted nurse during a transfer from bed to wheelchair he fell from the ceiling lift, heard a pop and his left leg went up and fell backwards from the sling. He landed on his back, first hitting his buttocks on the floor mat. Called local medical center and verbal order received to send to ED. Hematoma noted to back left side of head, unable to check eyes. Assessed vitals and level of consciousness. Assisted up with ceiling lift and four staff. Ice applied to back of head. Kept by nursing staff until he could be transferred - On 11/30/25 at 3:55 p.m. Plan of Care note: Writer, registered nurse (RN)-B was called by NA to R1's room. Reported he fell during transfer via lift. He was on the floor with floor mat behind. Neuro vital signs started. See contusion on the back of the head, ice pack applied. A bleeding wound was seen on the right posterior arm, applied Opti foam dressing. -On 11/30/25 at 4:50 p.m. he left facility via van and transported to ED. -On 11/30/25 at 10:53 p.m. he returned in wheelchair from ED. Assessed for injuries. Bruising to back of the head and skin tear to forearm. CT scan of head and neck showed no evidence of injuries. Possible mild concussion. Follow up with primary provider for reassessment in 3 to 5 days. -On 12/2/25 at 11:06 a.m. Interdisciplinary team (IDT) reviewed fall from ceiling lift in his room on 11/30/25 at 3:55 p.m. Two staff were present at time of fall and was believed that one of the sling straps came off during the transfer causing him to fall. He hit his head and sent to ED for evaluation. Computed tomography (CT) scan (an advanced imaging test that used x-rays and a computer to create detailed, cross section pictures of inside the body) indicated no internal injury. R1's sling was changed to a full body lift sling that did not require crossing of the leg straps and care plan updated to use two staff for all transfers. Staff involved were immediately retrained. -On 12/2/25 at 10:05 p.m. he had a bruise at the back of the head about 6 by 6 cm in diameter (approximately 2.36 inches), still swollen area surrounding it, wobbly and soft to touch. Skin tear on right forearm still present, cleansed and applied Opti foam dressing. R1's emergency department (ED) visit dated 11/30/25, identified he presented for assessment of injury sustained after he rolled backwards out a Hoyer lift falling approximately 12 to 18 inches striking the back of his head on the ground. Exam noted a large 5 mm contusion/hematoma to the occipital without evidence of depressed skull fracture and a small skin tear to the right forearm without evidence of active bleeding or repairable laceration with a possible mild concussion sustained. Fall was witnessed by nursing staff no loss of consciousness, nausea/vomiting, headache or appreciate and changes to his mental status considering his baseline dementia. Facility 5-day report dated 12/5/25, identified two NAs crossed the lift sling leg straps between R1's legs. NA-B stood on left side of the bed and hooked the Basic Basic lower leg sling strap onto the ceiling lift. NA-A stood on the right side of the bed and hooked up the sling straps (did not identify how many and which one(s)) onto the ceiling lift. NA-B walked away from the left side of bed and towards the wheelchair to assure it was ready to go. NA-B turned around to go back to bed and NA-A had initiated the lift, raised his 3 to 4 inches off the bed, and pulled him away from the bed and towards the chair. NA-A hear a hard snap, but nothing broke on the sling. NA-B approached the end of the bed and heard a pop/thud noise, and he quickly slipped through the sling, buttocks landing on the floor mat first, fell backwards, and right leg</p> |                                                                                        |                                              |

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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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                             |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| F 0689<br><br>Level of Harm - Actual harm<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) |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and document review, the facility failed to implement standards of practice to ensure a safe transfer for 1 of 3 residents (R1) reviewed for accidents when staff failed to properly attach the lift sling to the ceiling lift bar. This resulted in actual harm when R1 fell from the lift during a staff assisted transfer, sustained a large 5 centimeter (cm) contusion (a severe injury caused by a direct blow to the head leading to bruising/swelling of the brain tissue)/hematoma (blood leaks from tiny brain vessels causing swelling) to the occipital scalp (rear most portion of the head constitutes the posterior section of the brain and skull) and was sent to the emergency department (ED) requiring medical evaluation and pain that persisted requiring medication for discomfort. Findings include: R1's quarterly Minimum Data Set (MDS) dated [DATE], identified R1 was admitted to the facility on [DATE], from a skilled nursing facility. R1 had a moderate difficulty hearing, unclear speech (slurred or mumbled), highly impaired vision, sometimes understood simple direct communication, severely impaired cognition, disorganized thinking, and physical behavioral symptoms directed toward others (hitting, kicking, pushing, scratching, grabbing). R1 was dependent upon staff for all activities of daily living (ADLs), transfers, and incontinent of bowel and bladder. Diagnoses included non-traumatic brain dysfunction, Alzheimer's (brain cells die over time, brain shrinks and causes dementia/memory loss), aphasia (a disorder that affects how you communicate, speech and as well as the way you write and understand both spoken and written language), seizure disorder, and muscle weakness. R1's care plan Kardex dated 12/1/25, identified transfers: two staff assist with ceiling lift to transfer use sit on comfort size large sling. May leave ceiling lift sling under when in wheelchair. Handwritten on the Kardex with a line drawn directly to the above information: Please note change two staff for all transfer and different sling type sit on comfort size large. R1's care plan dated 12/1/25, identified impaired mobility/transfers due to generalized weakness and impaired cognition and not understanding directions. Staff were directed on 10/28/25, transfer with one staff assist with ceiling lift. Use Basic Basic (all around sling) size large sling. May leave ceiling lift sling under when in wheelchair. Two staff assist with transfers when having increased behaviors. Care plan transfer section revised on 12/1/25, two staff assist with all transfers using ceiling lift. Use Sit on Comfort size large sling. R1 had severe cognitive impairment due to dementia with illogical or disorganized speech. R1 was frequently anxious and often resistive to cares related to dementia and Parkinson's (a movement disorder of the nervous system that causes tremors, stiffness, slowing of movement and trouble with balance that raises the risk for falls) with delusions (a type of psychotic disorder with an unshakable belief in something that was untrue). R1's progress notes from 11/30/25 through 12/2/25, identified: -On 11/30/25 at 3:55 p.m. Fall Note: Nursing assistants (NA) stated during a transfer from bed to wheelchair R1 fell from the ceiling lift, heard a pop and his left leg went up and fell backwards from the sling. He landed on his back, first hitting his buttocks on the floor mat. Called local medical center and verbal order received to send to ED. Hematoma noted to back left side of head, unable to check eyes. Assessed vitals and level of consciousness. Assisted up with ceiling lift and four staff. Ice applied to back of head. Kept by nursing staff until he could be transferred. -On 11/30/25 at 3:55 p.m. Plan of Care note: Writer, registered nurse (RN)-B was called by NA to R1's room. Reported he fell during transfer via lift. He was on the floor with floormat behind. Neuro vital signs started. See contusion on the back of the head, ice pack applied. A bleeding wound was seen on the right posterior arm, applied Opti foam dressing. -On 11/30/25 at 4:50 p.m. he left facility via van and transported to ED. -On 11/30/25 at 10:53 p.m. he returned in wheelchair from ED. Assessed for injuries. Bruising to back of the head and skin tear to forearm. CT scan of head and neck showed no evidence of injuries. Possible mild concussion. Follow up with primary provider for reassessment in 3 to 5 days. -On 12/1/25 at 8:56 p.m. 24-hour follow-up from fall yesterday. He does not have any additional injuries noted. Pain to back of head due to fall, scheduled Tylenol and Tramadol which was helpful in management of discomfort. Continue to monitor for signs and symptoms of concussion which has not been noted. -On 12/1/25 at 10:33 p.m. NAs reported R1 fell from the ceiling lift during a transfer from bed to wheelchair. They heard a pop, and his left leg went up and he fell downwards to the floor with buttocks landed on fall mat, and upper half went backward from the sling. -On 12/2/25 at 11:06 a.m. Interdisciplinary team (IDT) reviewed fall from ceiling lift in his room on 11/30/25 at 3:55 p.m. Two staff were present at time of fall and was believed that one of the sling straps came off during the transfer causing him to fall. He hit his head and sent to ED for evaluation. Computed tomography (CT) scan (an advanced imaging test that used</p> |                                                                                        |                                              |