STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525359	A. Building B. Wing	07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maple Ridge Health Services	2730 W Ramsey Ave Milwaukee, WI 53221

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to ensure two staff members transferred a resident which resulted in an injury for one of 11 residents (Resident (R) 1) reviewed for accidents. This had the potential to cause injuries during improper transfers. Findings include: Review of the facility policy titled Safe Resident Handling and Transfers revised 08/05/22 revealed, .Resident lifting and transferring will be performed according to the resident's individual plan of care .Review of R1's admission Record located in the Electronic Medical Record (EMR) under the Admission tab indicated that she was initially admitted to the facility on [DATE] and re-admitted on [DATE]. Review of R1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/27/25 located in the EMR under the MDS tab revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating that she was cognitively intact. R1 was noted to have impairment on one side for upper extremities and lower extremities and was dependent on staff for all transfers. Review of R1's Care Plan provided by the facility and initiated on 11/06/24 included ADL (activities of daily living) self-care deficit as evidenced by: weakness related to : Hx (history) of CVA (stroke), emphysema, COPD (chronic obstructive pulmonary disease), asthma .Transfer: Assist of 2 with gait belt and pivot . Review of R1's Kardex provided by the facility initiated 05/01/25 indicated that R1 should be transferred with assistance from one staff member with gait belt and walker. Review of R1's Progress Notes located in the EMR under the Progress Notes tab dated 05/21/25 revealed R1 was being transferred by a sit to stand lift to a shower chair. R1 slipped out of the sling and fell to the floor. CNA (Certified Nursing Assistant) 1 yelled for help, myself and other staff responded to resident on the floor. Resident was responsive speech was clear. Resident had complaint of pain on the back of head .A lump was on the right back side of patient head. The ambulance was called for patient to be sent out for further evaluation. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Facility Reported Incident (FRI) provided by the facility and dated 05/21/25 indicated that The CNA reported the resident fell while transferring the resident with a sit to stand lift without the assistance of 2 (two staff). The resident reports she hit her head when she fell. However, she does not complain of pain or any injuries. The resident was sent to the emergency room for evaluation. The resident returned to the facility with no noted injuries. An MRI (magnetic resonance imaging) of the resident's head was completed and is negative . The CNA was unavailable for an interview. During an interview on 07/01/25 at 2:10 PM with the Director of Nursing (DON) stated that she recalled R1 sustaining a fall while being transferred with a sit to stand mechanical lift. CNA1 was trying to hurry to transfer her from the bed to the shower chair and chose to use the sit to stand lift. To her knowledge, no staff had previously used the lift for R1's transfer and it was not determined why CNA1 chose to use it that day because her Kardex and Care Plan both indicated R1 was a two person lift using stand/pivot technique. The DON stated that CNA1 had worked at the facility for over 10 years and it was a surprise that she had chosen to transfer the resident using this technique. It was her expectation that staff review the Kardex/Care Plan prior to transfers. During an interview on 07/01/25 at 2:26 PM with Licensed Practical Nurse (LPN)1 stated on 05/21/25 she heard CNA1 yelling for help, she immediately went to R1's room where she witnessed R1 on the floor. R1 stated she hit her head. CNA1 stated that she was trying to transfer R1 with the sit to stand mechanical lift when R1 slid out of the lift onto the floor. It was determined that R1 was not strapped into the lift and she fell while being transferred. LPN1 assessed R1 and then sent her to the hospital for evaluation and treatment. She was noted with a lump to the back of her head and when she returned it was confirmed that she had no internal damage/bleeding per MRI evaluation.