

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Abbotsford Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 600 E Elm St Abbotsford, WI 54405	

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 - Some</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** 49353</p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident environment remained as free of accident hazards as possible having the potential to cause harm to 15 of 15 residents that use mechanical lifts (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15).</p> <p>Staff did not verify proper sling size or safe functioning of the mechanical lift prior to transfer of R1 on 11/22/24. The lift tipped over resulting in the sling bar striking R1 in the face resulting in a bruise and laceration below the left eye that required transfer to the hospital and tissue adhesive repair.</p> <p>Observations of transfers for R2, R3, and R4 demonstrate staff were not aware of how to determine proper sling size.</p> <p>Maintenance is not knowledgeable on lift inspections to ensure safety of lifts.</p> <p>Findings include:</p> <p>Proactive Medical Products Patient Sling Reference guide states, in part: It is very important to use the correct sized sling and make sure it is fitted properly prior to lifting. This ensures the safety of both the person being lifted and the caregiver .the goal of the size and weight guide is to assist those responsible for selecting the correct sling on a patient-by-patient basis and outlines a few factors that need to be addressed [height and weight] in the selection of the appropriate type of sling for a patient. A color-coded reference chart was included for heights ranging from 59 inches to 76 inches and weights from 75 lbs. to 500 lbs.</p> <p>Proactive Medical Products Protekt 600 Lift Power Patient Lift model: 33600 owner's manual states, in part: WARNING! Service and repair of this equipment should be performed only by an authorized dealer .At least once a month, the lift should be thoroughly inspected by a person qualified to recognize any signs of wear, and looseness of bolts or parts.</p> <p>Example 1</p> <p>R1 was admitted to the facility on [DATE] with pertinent diagnoses of congestive heart failure and morbid obesity.</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 - Some</p>	<p>R1's most recent quarterly Minimum Data Set (MDS) dated [DATE] indicated R1 required total assistance with transfers and is considered a fall risk. R1 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating cognition was intact.</p> <p>R1's care plan:</p> <p>FOCUS</p> <p>I have a physical functioning deficit related to mobility impairment.</p> <p>Initiated date: 04/05/24</p> <p>GOAL</p> <p>I will improve my current level of functioning.</p> <p>Target date: 11/07/24</p> <p>INTERVENTIONS:</p> <p>Assistive Devices - wheelchair, hoyer lift</p> <p>Transfer assist of 2 with hoyer lift</p> <p>Revised date: 04/12/24</p> <p>Care plan does not include type or size of sling to be used during mechanical lift transfers.</p> <p>Facility self-report of incident stated on 11/22/24, R1 was transferred from bed to wheelchair in full body sling by 3 Certified Nursing Assistants (CNA) using mechanical lift. During transfer, the lift tipped over causing the sling bar to strike R1 in the face resulting in a bruise and laceration below left eye. R1 did not fall out of sling. CNAs called for additional assistance and with a total of 5 staff were able to reposition R1's wheelchair under sling and safely lower R1 into wheelchair.</p> <p>R1 was transferred to the emergency room . Hospital discharge summary dated 11/22/24 states: Patient has an area of ecchymosis to the left lower eye lid with a 1 cm superficial laceration just below the lateral epicanthal fold. Skin repair method: tissue adhesive. R1 was discharged and returned to the facility the same day.</p> <p>Facility completed an investigation and determined the root cause to be unsafe transfer due to mechanical lift positioning with wheelchair by CNAs. Facility completed mechanical lift transfer safety with staff and included audits of safe transfers. Education did not include choosing appropriate sling size for residents based on weight and height as recommended by manufacturer's guidelines. Mechanical lifts were not assessed for safety after incident.</p> <p>Surveyor was unable to interview R1 regarding incident as R1 is no longer in the facility.</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 - Some</p>	<p>On 12/30/24 at 11:30 AM, Surveyor had CNA C demonstrate use of mechanical lift for transfers. CNA C stated the facility has two mechanical lifts used for resident transfers. One lift had a sticker identifying it as a Proactive Medical Product with a serial number of 33600. CNA C stated this was the lift used in R1's transfer. The mechanical lift had a foot lever to open and close the base legs. When foot lever was pushed to have legs engaged in open position, CNA C was able to close legs by pushing on base leg frame with light pressure which would disengage the foot lever back to closed position. CNA C stated this lift was brought to Maintenance Director (MD) F's attention via work order immediately after the incident, but it has not been fixed. Surveyor asked CNA C when this was first noticed. CNA C stated this lift has been this way since starting employment in 2022. Surveyor asked if this had been brought to management's attention prior to incident. CNA C stated yes but could not recall specific dates.</p> <p>On 12/30/24 at 11:47 AM, Surveyor interviewed MD F. Surveyor asked about mechanical lift inspections. MD F stated that he is responsible for inspecting the equipment and does so daily. Surveyor asked what training and education was provided on the specific mechanical lift equipment used in the facility. MD F stated that no training was provided specifically on the equipment and his role is to monitor structural integrity and safety of equipment.</p> <p>Surveyor asked if MD F was aware of the mechanical lift's base legs being able to move to closed position without using the foot lever and if this was acceptable. MD F stated that he was aware of this but was unsure if it that was an expected function or not. Surveyor asked MD F if he was unable to state how the lift should operate appropriately and safely, how he could assess if repairs needed to be made or if the lift could be used safely. MD F stated that he hadn't thought of that and that he really couldn't determine if the lift equipment was operating as intended.</p> <p>Example 2</p> <p>R2 was admitted to the facility on [DATE] with pertinent diagnosis of cellulitis to lower limb.</p> <p>R2's care plan indicated mobility impairment with an intervention of assist of 2 for sit to stand for transfers from bed and pivot from all other surfaces with front wheeled walker. No indication noted of sling size to be used for R2 on the care plan.</p> <p>On 12/30/24 at 10:53 AM, Surveyor observed R2 being transferred from bed to wheelchair by CNA C and CNA D with a mechanical sit to stand device. R2 was observed in solid blue sling. Sling was placed appropriately and attached to machine brackets with loops. No label observed on sling to determine size. Sling was observed to be intact and free of any holes or fraying. During transfer, Surveyor asked CNA C and CNA D what size sling was being used. Both CNAs stated they did not know.</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 - Some</p>	<p>On 12/30/24 at 11:04 AM, Surveyor interviewed CNA C. Surveyor asked how they determine which size sling should be used for a resident. CNA C stated there should be a size chart hanging in the closet with the slings. Surveyor asked CNA C to show Surveyor the closet and chart. CNA C showed Surveyor that the slings have a colored edge to indicate different sizes. Surveyor asked CNA C to provide the different sizes available. CNA C offered two slings for reference. One sling had a green edge, and one sling was solid blue. Surveyor asked if there were any other sizes. CNA C stated these were the only two she was aware of. Surveyor asked how staff knew what size the slings were. CNA C stated they hold them up and compare to each other to determine which one is bigger and then decide which one to use. Surveyor asked CNA C if the slings have a label on the sling to indicate size. CNA C stated no. Surveyor asked how staff are trained on how to properly assess which size sling to use. CNA C stated that sling size is based on weight and there should be a chart on the wall to state weight and corresponding sling size, but the chart isn't there anymore. CNA C was unable to recall how long the chart has been missing.</p> <p>Example 3</p> <p>R3 was admitted to the facility on [DATE] with pertinent diagnosis of epilepsy with partial seizure.</p> <p>R3's care plan indicated mobility impairment with an intervention of transfer assist of 2 with Hoyer lift for all transfers. No indication noted of sling size to be used for R3 on the care plan.</p> <p>On 12/30/24 at 1:05 PM, Surveyor observed CNA C and CNA E transfer R3 from wheelchair to bed using mechanical lift and full body sling. R3 was observed in a blue sling with a green edge. Sling was positioned appropriately and attached to machine brackets with loops. No label observed on sling indicating size.</p> <p>On 12/30/24 at 12:55 PM, Surveyor interviewed CNA E. Surveyor asked CNA E how she determines what size sling should be used for residents. CNA E stated they go by weight. Surveyor asked how they determine the size of the slings. CNA E stated not being sure and they typically go by sight by comparing the two different sizes available to determine which one is bigger, but there is not a label on the slings indicating size.</p> <p>Example 4</p> <p>R4 was admitted to the facility on [DATE] with pertinent diagnoses of multiple sclerosis and morbid obesity.</p> <p>R4's care plan indicated mobility impairment with an intervention of transfer assist of 2 with Hoyer lift related to left femur fracture. No indication noted of sling size to be used for R4 on the care plan.</p> <p>On 12/30/24 at 2:15 PM, Surveyor observed CNA C and CNA E transfer R4 from bed to wheelchair using mechanical lift and full body sling. R4 was observed in a solid blue sling. No label observed on sling indicating size.</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 - Some</p>	<p>On 12/30/24 at 4:30 PM, Surveyor interviewed Nursing Home Administrator (NHA) A regarding appropriate sling use. Surveyor asked NHA A how staff determine what size sling to use for residents. NHA A stated there is no specific facility policy outlining what size sling to use, but the expectation is that sling size is determined by the resident's weight and there should be a chart in the closet where the slings are kept for reference to choose the correct size. Surveyor informed NHA A that no chart was observed hanging in the closet and asked if it was in another location. NHA A stated that was the only location she was aware of. Surveyor asked NHA A how staff know the sizes of the slings. NHA A stated the slings have a label from the manufacturer stating the size. Surveyor informed NHA A that all the slings observed in the closet and in use with residents did not have a label indicating the size. NHA A stated she thought they did. Surveyor asked NHA A if she was aware the manufacturer's guideline provided to Surveyor by NHA A stated that sling size should be determined using the resident's weight and height. NHA A stated no, she was unaware of that and thought it was only by weight.</p> <p>Surveyor asked NHA A if she was aware the manufacturer has sizes in small, medium, large, x-large, and xx-large. NHA A stated she was not aware and was unable to state which sizes the facility had on-hand for resident use. NHA A further stated that she was unable to answer most questions as the Director of Nursing (DON) was currently on vacation. NHA A stated understanding the inability of nursing staff to properly assess the safe sling size based on height and weight, no posting of a sling size reference chart, and no labeling of slings indicating their sizes all contribute to the potential of unsafe transfer of residents using the mechanical lift and could potentially cause harm. On 01/07/25, NHA A verified currently R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, and R15 use mechanical lifts and have the potential to be affected.</p> <p>Surveyor requested a list of all residents that use a mechanical lift. R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15 are listed as using mechanical lifts in the facility.</p> <p>On 12/30/24 at 4:30 PM, Surveyor interviewed Nursing Home Administrator (NHA) A. Surveyor asked NHA A if the mechanical lift used during R1's transfer was being inspected regularly by a qualified, trained individual. NHA A stated yes, by the Maintenance Director. Surveyor asked what training was provided to the Maintenance Director regarding the lift equipment. NHA A was unable to state any specific education provided. Surveyor asked NHA A if no training was provided, how could she be certain the lifts were being inspected and maintained appropriately. NHA A was unable to provide an answer and acknowledged that lack of training and education on the facility's lift equipment presented a safety concern for all residents being transferred with the lifts. On 01/07/25, Surveyor reviewed the list of residents that use the Hoyer lift. NHA A verified currently R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15 use mechanical lifts and have the potential to be affected by lack of maintenance knowledge on lift inspections. NHA A stated that this would be brought up with QAPI and addressed.</p>		