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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525580 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/26/2024 |
| NAME OF PROVIDER OR SUPPLIER Meadowbrook at Bloomer | | STREET ADDRESS, CITY, STATE, ZIP CODE 1840 Priddy St Bloomer, WI 54724 | |

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) |
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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>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>44863</p> <p>Based on interview and record review, the facility did not ensure each resident receives adequate supervision to prevent accidents for 5 of 5 residents (R1, R2, R4, R5, and R6).</p> <p>R1 experienced a fall after staff did not appropriately place sling for mechanical lift transfer. The facility did not ensure all direct care staff were educated on proper sling placement to ensure all other residents requiring a mechanical lift transfer, did not sustain a fall or injury during a transfer.</p> <p>Findings:</p> <p>R1 was admitted to the facility in 07/19/24 for rehabilitation services, after a right below the knee amputation (BKA) on 07/12/24. Facility assessment of R1's transfer status indicated on 07/19/24, R1 was assessed for needing assistance of two with mechanical (Hoyer) lift transfers.</p> <p>On 08/03/24, R1 was in his wheelchair and the sling needed to be placed in order to transfer him into bed per his request. Two Certified Nursing Assistants (CNAs) were present and placed the sling but did not get the sling far enough underneath R1 in order to safely lift him. R1 began to slip out from the sling and one CNA reported helping R1's butt to the bed and then slid R1 to the floor. R1 denied pain, vital signs were taken, and these were within normal limits. R1 stated he was not upset and not hurt. This was a witnessed fall and R1 did not hit his head per the CNAs and R1. R1 was assisted with the Hoyer back to the bed. Root Cause: Staff did not properly place the sling all the way beneath his buttock and legs prior to lifting. Immediate Intervention: The involved staff were given immediate training on the lift and proper placement of sling. They then had to demonstrate back to the educator they can properly place sling on resident, which they completed and signed the 1:1 training/education. Primary care provider updated.</p> <p>On 08/26/24 at 1:32 p.m., Surveyor interviewed Nursing Home Administrator (NHA) A who indicated the facility scheduled a training for all direct care staff on 08/27/24, to provide education and repeat demonstration of proper sling placement and safe mechanical lift transfers. This training was scheduled 25 days after R1's fall from mechanical lift, placing R1, R2, R4, R5 and R6 at risk for accidents or injuries during transfers.</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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