STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245401	A. BUILDING _____ B. WING _____	**07/02/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CENTRAL HEALTH CARE	**444 NORTH CORDOVA LE CENTER, MN 56057**

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 -** Immediate jeopardy **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 observation, interview and document review, the facility failed to follow manufacturer's guidelines to ensure safety measures were implemented for the use of a mechanical lift for 1 of 1 resident (R1). This deficient practice resulted in an immediate jeopardy (IJ) for R1, who fell from the mechanical lift and sustained a non-displaced (in alignment) distal femur (near the knee) fracture. This practice had the potential to affect six other residents (R4, R5, R6, R7, R8, R9) who utilized mechanical lifts. The IJ began on 6/28/20, at 12:00 p.m. when licensed practical nurse (LPN)-A and nursing assistant (NA)-A were transferring R1 with a mechanical lift and failed to follow manufacturer safety guidelines, causing R1 to fall out of the sling to the floor. The administrator and director of nursing (DON) were notified of the IJ on 7/1/20, at 5:30 p.m. The IJ was removed on 7/2/20, at 2:18 p.m. however, non-compliance remained at the lower scope and severity level G, isolated, scope and severity, which indicate actual harm that is not immediate jeopardy. Findings include: R1 was admitted on [DATE]. R1's face sheet in the medical record indicated [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set ((MDS) dated [DATE], indicated R1 had severe cognitive impairment, moderate difficulty hearing, speech was clear, usually understood and usually understands; impaired vision requiring corrective lenses. R1 was not able to walk and required extensive assistance of two staff for bed mobility, and total dependence on two staff for transfers and toileting. The MDS further indicated R1 had impairment of range of motion (ROM) in the lower extremities. Review of the current care plan dated 6/23/20, indicated R1 had impaired mobility related to weakness, range of motion, advanced age, and needing staff assistance with mobility. The care plan further indicated R1 would safely transfer with two staff with total assistance and mechanical lift. R1 utilizes a medium size mechanical lift sling. Review of a vulnerable adult (VA) and incident report dated 6/28/20, at 12:53 p.m. indicated on 6/28/20, at 12:00 p.m. LPN-A and nursing assistant (NA)-A were transferring R1 from bed to chair using a mechanical lift. While enroute with the transfer to the chair, the lower sling strap became dislodged from the hook on the mechanical lift resulting in R1 falling out of the sling to the floor. R1 complained of right knee pain and obtained a bump on the head. Immediately following the incident, registered nurse (RN)-A and RN-B assessed R1's injuries and R1 was transferred to local hospital for further assessment of the knee and head injury. Review of a progress note dated 6/28/20, at 1:32 p.m. indicated LPN-A and NA-A were lifting R1 from her bed to a stationary chair with a mechanical lift. LPN-A was operating the lift while NA-A was maneuvering R1, when the right lower leg strap of the sling slipped off the prong on the mechanical lift and R1 fell to the floor hitting her buttocks and her head against the leg of the mechanical lift. LPN-A summoned RN-A immediately for help. ROM was assessed with [REDACTED]. Limited ROM noted in right lower extremity. R1 complained of right knee pain when bending the leg. R1 started to develop a large bump on the back, right side of the head. R1's vital signs were stable. The ambulance was called and transported R1 to the local emergency room (ER) at 12:30 p.m. for further evaluation. Review of a hospital emergency department (ED) physician progress notes [REDACTED]. A computerized tomography (CT) scan was performed which showed no evidence of intracranial (inside skull) abnormality. R1 had no complaints other than mild soreness over the area of the contusion and returned to the nursing home on on 6/28/20, at 2:45 p.m. Review of a progress note dated 6/28/20, at 5:41 p.m. indicated R1 was having increased pain in her right knee which was only partially relieved by [MEDICATION NAME]. R1's right knee was swollen and had difficulty moving it. RN-C contacted the provider who saw R1 in the ER earlier on 6/28/20. The provider indicated he was not suspicious of a fracture to R1's right leg because she was able to bend and move it; and R1 told him her knee did not hurt any more now than before the fall. Review of a progress note dated 6/28/20, at 8:47 p.m. indicated R1 continued to have right knee pain and increased leg swelling, and refused to get out of bed for supper. A message was left for nurse practitioner (NP)-C of the continued knee pain. On 6/29/20, at 8:48 a.m. an order was received from NP-C for a portable X-ray of R1's right knee to be done that day and to increase her [MEDICATION NAME] dose from 650 milligrams (mg) to 1000 mg three times a day and as needed. Review of a radiology report dated 6/29/20, indicated R1 had an acute (new) distal femoral shaft (near the knee) fracture. Progress note dated 6/29/20, at 4:14 p.m. indicated NP-C advised facility to send R1 to the ER for splinting of leg. R1 left facility by ambulance at 4:17 p.m., returning on 6/30/20, at 2:01 a.m. with right leg splinted. Review of a ED physician progress notes [REDACTED]. Review of an investigative report dated 6/29/20, the facility director of nursing (DON) indicated after interviewing staff and investigating the above incident, as well as inspecting the sling and the mechanical lift, she concluded the incident was the result of human error; staff being too quick and not doing all of the checks to ensure the loops on the sling were fully seated on the hooks. All staff were provided education on checking to ensure the loops on the sling were fully placed on the hooks as well as having three staff assist with all mechanical lift transfers and conduct audits for compliance. The manufacturer's instructions for the mechanical lift (Invacare) and the sling (Proactive) had not been reviewed during the DON's investigation, that included safety measures for the use of the mechanical lift. During observation and interview on 7/1/20, at 4:55 p.m., R1 was resting in the recliner in her room. When interviewed R1 about the above incident she stated, They threw me on the floor. R1 stated she hurt her leg, her head and her shoulder. During observation and interview on 7/2/20, at 10:40 a.m. R1 was resting on her back in bed with her right leg wrapped in elastic wrap from groin to toes, propped on a pillow. R1 stated she had pain in her feet at this time During telephone interview on 7/1/20, at 10:48 a.m. LPN-A, who assisted with the lift on 6/28/20, stated they were going to get R1 up in a chair for dinner. They put the sling under her and attached the loops. Out of habit, I always pull down on the loops to make sure they are attached. LPN-A stated she was operating the lift so was standing at the head of the lift where the controls were. LPN-A stated NA-A was maneuvering R1 in the lift. LPN-A added, As soon as we lifted her up off the bed and pulled the lift away, the right leg loop popped and she fell to the ground and hit her head on the leg of the lift. During a telephone interview on 7/1/20, at 10:55 a.m. NA-A stated both her and LPN-A checked the straps on the Hoyer with the curly cues. and We made sure the straps were firmly in the curly cues. NA-A stated she did a visual check and waited until R1 was up off the bed a couple of inches. NA-A stated, We both did visual checks. NA-A then guided R1's legs over the bed to put her in the chair for lunch. It happened so fast, all I remember is her hitting her head on the floor. During a telephone interview on 7/1/20, at 11:00 a.m. RN-A stated she was summoned to help after R1 fell . Stated by the time she arrived to R1's room, the sling was removed from the lift and she focused her attention on R1 who was laying on the floor. During an interview on 7/1/20, at 11:05 a.m. RN-B stated she was at the facility for training and heard a commotion in R1's room, so went to check on it. She recalled either or both LPN-A or NA-A saying, we checked them (the sling loops) and they were tight. By then the sling had been removed from the lift and the lift pushed out of the way. RN-B stated she left to start paperwork for R1's transfer to the hospital. During interview on 7/1/20, at 10:20 a.m. the DON conducted a re-enactment of the incident with the Invacare lift, model RPA600-1 and Proactive mesh sling, both which were used during R1's fall on 6/28/20 at noon. During

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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F 0689 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 1) re-enactment, it appeared as if the loops on the mesh sling were seated properly in the swivel bar hooks, and with tension from the resident's weight on the loops of the sling, it is unlikely the loop could simply slip off during transfer. Facility used reusable mesh slings from a different vendor other than the lift vendor. Lift brand is Invacare and sling brand is Proactive. The DON stated the Proactive sling was universal and could be used with any brand mechanical lift. The DON provided Owner's Operator and Maintenance Manual for the Invacare lift, revision date 9/08. According to section I - general guidelines: Invacare transfer slings are specifically designed to be used in conjunction with Invacare patient lifts. Slings designed by other manufacturers are not to be utilized as a component of Invacare's patient lift system. Use of these products is prohibited and will void the lifts warranty. Use the sling that is recommended by the individual's doctor, nurse or medical assistant for the comfort and safety of the individual that is being lifted. Be sure to check the sling attachments each time the sling is removed and replaced, to ensure that it is properly attached before the patient is removed from a stationary object (bed, chair, or commode). Warning: Invacare slings are made specifically for use with Invacare Patient Lifts. For the safety of the patient do not use slings and patient lifts of different manufacturers. During a telephone interview on 7/1/20, at 2:10 p.m. Invacare customer service (CS)-D stated, Invacare only tested Invacare lifts and slings; no other manufacturers and that's why it's written that way in the manufacturer instructions. The DON provided Proactive Sling and Hoist Compatibility document, undated, which indicated: throughout the years, slings have changed in style, size, material, and design because of the growing competition in the current market. Many manufacturers are very reluctant to accept the interchangeability of slings due to liability factors or for simple marketing self-interest. However, with a thorough risk assessment done by a competent assessor, using an interchangeable sling in place of a manufacturer's recommended sling can provide the solution to a patients specific requirements at a lower cost. Some of the lifter brands that our slings are designed to be used interchangeably with are: Invacare, Drive, Bestcare, Medline, Graham Field, Joerns, etc. The DON provided Proactive full body sling instruction manual, undated, which indicated: check the patient's weight and the slings maximum weight capacity. Ensure the patient's weight does not exceed the sling's maximum weight capacity. During a telephone interview on 7/1/20, at 3:30 p.m., when asked Proactive manufacturer customer service representative how one could tell by looking at a Proactive sling, what size it was, she stated, when you got them, they came in a box and the size was on the box. Asked if the size is noted on the sling and she stated no. She further stated in order to determine the size of the sling, you would need to measure it. There were three mechanical lifts observed on 7/1/20, and 7/2/20, being utilized by staff. These mechanical lift manufacturers were Invacare and Medline. All slings being utilized with these mechanical lifts were the brand Proactive. There were no slings being utilized by the mechanical lift manufacturers of Invacare or Medline. Review of the current care plans for R1, R4, R5, R6, R7, R8 and R9 (residents who utilized the mechanical lifts and slings) indicated R1 utilized a medium sling. The care plan for R4, R5, R6, R7, R8 and R9 did not reflect a sling size. In addition, the medical records for these residents did not include a sling assessment, to determine the individual safe sling size to be utilized with the mechanical lifts. During an observation on 7/1/20, at 10:00 a.m. R4 was being transferred by two staff using an Invacare mechanical lift. The sling being utilized was by manufacturer Proactive. R4 was transferred from bed to wheelchair while a third staff person observed utilizing a new safety checklist that guided the process. The tag on the Proactive sling was not readable due to wear; unknown if it included the size of the sling. During an observation on 7/1/20, at 11:40 a.m., R5 was being transferred by two staff using an Invacare mechanical lift. The sling being utilized was by manufacturer Proactive. R5 was transferred from bed to wheelchair while a third staff person observed utilizing a new safety checklist that guided the process. The tag on the Proactive sling was not readable due to wear; unknown if it included the size of the sling. During an observation on 7/1/20, from 2:20 p.m. to 2:45 p.m., R1, R4, R5, R6, R7, R8 and R9 was observed to have Proactive slings placed under them for transfer. The tag on the Proactive slings were not readable due to wear; unknown if they included the size of the sling, with with the exception of one Proactive sling which indicated it could hold up to 600 pounds. During an interview on 7/1/20, at 2:10 p.m. NA-B indicated there were no guidelines or policies stating what sling size to use for residents. NA-B stated when she determined what size sling to use on a resident she would just visualize the size of the resident to a sling; indicating she did not go by the weight of the resident. NA-B further indicated that at times if she was unsure what size, she would place the sling next to the resident to see if it was long enough for that resident. NA-B confirmed the labels on the slings were not readable. NA-B confirmed the NA care plan for residents did not have a designated size of sling to use for each resident, who utilized a mechanical lift. NA-B verified there was no guidance or direction on what size sling to use for residents that utilize mechanical lifts. NA-B also indicted all of the slings used for the mechanical lifts were the Proactive brand and the mechanical lifts utilized were Invacare and Medline brands. During an interview on 7/1/20, at 2:15 p.m. NA-C indicated there were no guidelines or policies indicating what sling size to use for residents. NA-C indicated she did not go by the weight of the resident, rather she would visualize the size of the resident to the sling. NA-C confirmed the label on the slings were not readable. NA-C confirmed the nurse aide sheets did not have a designated size of sling to use for each resident who utilized a mechanical lift. NA-C verified that there was no guidance or direction on sling size to use for residents who utilized mechanical lifts. NA-C also indicted all slings used for the mechanical lifts were Proactive brand and the mechanical lifts utilized were Invacare and Medline brands. During an interview on 7/1/20, at 2:30 p.m. LPN-B indicated there were no guidelines or policies indicating what sling size to use for residents. LPN-B stated she determined what size sling to use on a resident. LPN-B confirmed the labels on the slings were not readable. LPN-B confirmed the nurse aide care plan for residents did not have a designated size of sling to use for each resident who utilized a mechanical lift. LPN-B verified there was no guidance or direction on what size sling to use for residents who utilized mechanical lifts. LPN-B also indicted all of the slings used for the mechanical lifts were Proactive brand and the mechanical lifts utilized were Invacare and Medline brands. During an interview on 7/1/20, at 2:40 p.m. NA-D indicated there were no guidelines or policies indicating sling size to use for residents. NA-D stated when she determined size sling for a resident, she would just visualize the size of the resident to a sling. NA-D indicated she did not go by the weight of the resident to determine the sling size to use. NA-D confirmed the tags on the slings did not have a readable label on them indicating size. NA-D confirmed the nurse aide care plan for residents did not have a designated size of sling to use for each resident who utilized a mechanical lift. NA-D verified there was no guidance or direction on what size sling to use for residents who utilized mechanical lifts. The NA also indicted all of the slings used for the mechanical lifts were Proactive brand and the mechanical lifts utilized were Invacare and Medline brands. During an interview on 7/1/20, at 2:50 p.m. NA-E indicated there were no guidelines or policies indicating sling size to use for residents. NA-E stated when she determined what size sling to use on a resident she would just visualize the size of the resident to a sling. NA-E indicated she did not go by the weight of the resident. NA-E confirmed the tags on the slings did not have a readable label on them indicating a size. NA-E confirmed the nurse aide care plan for residents did not have a designated size sling to use for each resident who utilized a mechanical lift. NA-E verified there was no guidance or direction on what size sling to use for residents who utilized mechanical lifts. NA-E also indicted all of the slings used for the mechanical lifts were Proactive brand and the mechanical lifts utilized were Invacare and Medline brands. During an interview on 7/1/20, at 3:00 p.m. the DON and the administrator indicated the slings that were being used with the mechanical lifts for R1, R4, R5, R6, R7, R8 and R9 were assessed by their weight for sizing, and were included in the plan of care as well as the NA care sheets. The DON indicated there was a policy that confirmed this. (Although the DON and administrator indicated residents who utilized a sling with a mechanical lift were assessed for size, this information was not included in the medical record or plan of care). The DON and administrator confirmed the staff were utilizing a different brand of slings (universal) that included manufacturers of Proactive and 2 different mechanical lift manufactures of Invacare and Medline. The DON and administrator indicated they thought that is was ok to interchange and use universal slings with different mechanical lift manufacturers, even though the manufacturers instructions for each of these mechanical lifts warned against this. The DON did verify that the Proactive slings currently being utilized had labels that were not readable due to being warn off. The DON stated that the policy was to utilize slings according to the resident's weight for sizing of the sling, but also confirmed this was not identified in the medical records or plan of care. According to DON, the mechanical lifts are inspected monthly by maintenance staff. The document titled, Hoyer Lift Inspection was reviewed for the months of May and June 2020, which indicated the Invacare lift model RPA600-1 met inspection criteria of: 1. All nuts, bolts, clips and pins 2. Oil leaks, cylinder, valve, pump, lever 3. Handles, wheels breaks 4. Hooks and chains 5. Frame & welds, paint condition, sharp edges Facility policy titled, Procedure for Using Mechanical Lift Slings, undated, indicated: 1. Mechanical lifts allow a person to be transferred with a minimum of physical effort. To properly transfer a person with a mechanical lift the sling applied must be of a size that fits the

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F 0689 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 2) person. Please be aware of the size needed to transfer a person safety. 2. Size of sling a. Small fits residents 58-140 pounds b. Medium fits residents 140 to 200 pounds c. Large fits residents 200 - 400 pounds d. X-Large fits residents 400 - 600 pounds 3. If in doubt which sling to use please consult with the nurse in charge/or resident care plan. Facility policy titled, Safe Lifting and Movement of Residents, revised dated 8/09, indicated: 1. Nursing staff in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Such assessments shall include: a. Resident's preferences for assistance; b. Resident's mobility (degree of dependency); c. Resident's size; d. Weight-bearing ability; e. Cognitive status; f. Whether the resident is usually cooperative with staff; and g. The resident's goals for rehabilitation, including restoring or maintaining functional abilities. 2. Staff responsible for direct resident care will be trained in the use of manual and mechanical lifting devices. 3. Staff will be observed for competency in using mechanical lifts and observed periodically for adherence to policies and procedures regarding use of equipment and safe lifting techniques. 4. Enough slings in the sizes required by residents in need, will be available at all times. 5. All equipment design and use will meet or exceed guidelines and regulations concerning resident safety. Facility policy titled, Resident Handling Policy Limited Lift dated 1/13/20, indicated: 1. The resident handling policy exists to ensure a safe working environment for resident handlers. The policy is to be reviewed and signed by all staff that perform or may perform resident handling. 2. Initial screening will be completed on all residents to assess transfer and ambulation status. 3. Resident transfer status will be reviewed via care plan time frame and on an as needed basis. 4. Resident transfer status will be written on the daily worksheets to inform the staff of appropriate transfer needs. 5. Should a resident fall on the floor, the resident will be first assessed by a nurse. If the resident is deemed medically appropriate to transfer off the floor, a mechanical lift (Hoyer type) lift will be used. If the resident is not medically appropriate to transfer off the floor, EMS will be notified and will transfer the resident off the floor. 6. This policy is to be followed at all times. Failure to adhere to the policy will result in disciplinary action set forth by this policy. 7. Signature spaces for administrator, DON and employee. The immediate jeopardy that began on 6/28/20, was removed on 7/2/20, when the facility conducted assessments on all residents that utilized mechanical lifts, to determine the appropriate size of sling according to their weight. The facility included the sling size in the resident care plan, and re-educated staff on the safe and proper use of the mechanical lift and slings. The facility ordered new slings recommended by the manufacturers of the mechanical lifts being utilized (Invacare and Medline). The facility implemented 3 assist of staff with all mechanical lift transfers, until the new slings arrive. Audits were implemented for compliance. However, the noncompliance remained at the lower scope and severity level G, isolated, scope and severity, which indicate actual harm that is not IJ.