

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - WACONIA AND WESTVIEW ACRE		STREET ADDRESS, CITY, STATE, ZIP 333 FIFTH STREET WEST WACONIA, MN 55387	
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 - Actual harm Residents Affected - Few	<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**</p> <p>Based on interview and document review, the facility failed to follow the manufacturer's guidelines and provide the required maintenance on mechanical lifts resulting in harm to 1 of 1 resident (R1) reviewed for accidents. R1 had been assessed to transfer with an assistance of one staff and a sit to stand lift. R1 sustained actual harm during a transfer using the sit to stand lift when the lift broke and R1 fell on the ground. R1 sustained a cervical fracture (broken neck) as a result of the fall. Although noncompliance was present at the time of the event, the facility had implemented appropriate corrective action by 5/8/20, resulting in a finding of past noncompliance harm for R1. Findings: R1's face sheet dated 5/14/20, indicated R1 had [DIAGNOSES REDACTED]. R1's quarterly minimum data set ((MDS) dated [DATE], indicated</p> <p>R1 had moderate cognitive impairment. R1's sit-stand-walk collection tool dated 3/2/20, identified R1 required a sit to stand lift with assistance of one staff with transfers. Record review of the EZ Way lift service manual dated 10/3/13, indicated checking the mounting bolts of the [MEDICATION NAME] (the part that moves on the lift) top and bottom, paying particular attention to top bolt hole for elongation. It further indicated the manufacturer suggested these components should be scheduled for inspection at intervals not greater than one month. R1's progress note dated 5/6/20, identified that R1 was being transferred with EZ Way lift when the sit to stand lift broke which resulted in R1 falling. As a result of the fall, a progress note dated 5/7/20, identified R1 sustained a cervical fracture (broken neck). On 5/14/20, at 8:58 a.m. during an interview with the environmental services director (ESD), the ESD indicated the part of the lift that broke was called the [MEDICATION NAME] pole. ESD explained that maintenance staff complete a monthly inspection on the lifts and the service manual mentions routine maintenance on that specific part. On 5/14/20, at 10:33 a.m. the environmental services director said the facility purchased all new lifts because upon inspection (following the incident on 5/6/20) they found 10 of the 12 lifts to have had wear at the [MEDICATION NAME]. On 5/14/20, at 10:39 a.m. the maintenance technician (MT)-B demonstrated an inspection on the EZ Way lift and pointed to all the parts that were inspected each month. MT-B did not indicate that he inspected the [MEDICATION NAME]. MT-B stated prior to the incident that took place, I had not been checking the [MEDICATION NAME] and had never been taught to do so. Although the facility failed to follow the manufacturer's guidelines and provide appropriate maintenance on the sit to stand lifts on 5/6/20, the facility was able to verify corrective action had occurred, including removing all sit to stand lifts from the floor on 5/6/20, purchasing new lifts on 5/8/20, and retraining maintenance staff on 4/7/20. The facility completed an investigation timely, and the interdisciplinary team had reviewed the incident which the team identified as isolated. The corrective action was verified as completed 5/8/20, during the onsite survey 5/14/20. Therefore, this deficient practice is being cited at Past Noncompliance.</p>		
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.