

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525684	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER THREE OAKS HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP 209 WILDERNESS VIEW DRIVE MARSHFIELD, WI 54449	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0689 Level of harm - Immediate jeopardy Residents Affected - Some	<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 observation, record review and interview the facility did not provide appropriate assistive devices and supervision to prevent accidents when it did not comprehensively assess for individual safe and appropriate mechanical lift slings, did not care plan the individual sling required for safe transfer and did not ensure staff followed the care plan to ensure safe transfers, affecting 13 of 78 residents requiring mechanical/ Hoyer lift transfer (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12 and R13). On [DATE] R1 was transferred by 1 staff (instead of 2) using a divided leg sling that was not properly crossed. R1 slid from the sling, fell to the floor, and was transferred to the hospital. R1 fractured his ribs and obtained a pneumothorax (collapsed lung), was placed on comfort measures and expired in the hospital on [DATE]. Additionally, surveyor noted that the facility did not have an individualized assessment for the type and size of sling to use for R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12 and R13. The failure to transfer R1 with the assist of 2, the failure to properly cross R1's sling, and the failure to assess residents for the appropriate size and type of sling created a finding of immediate jeopardy. The Regional Field Operations Director notified the NHA (Nursing Home Administrator), of the immediate jeopardy on [DATE] at 2:15p.m. The immediate jeopardy was removed on [DATE]. The deficient practice continues at a scope/severity of E (potential for more than minimal harm/pattern) as the facility continues to implement its action plan. Findings include: Example #1: The surveyor reviewed R1's medical record. R1's [DIAGNOSES REDACTED]. R1's most recent significant change Minimum Data Set (MDS) dated [DATE] noted a mild cognitive impairment, he was dependent on 2 staff for transfers and he had not sustained any falls. R1's previous MDS dated [DATE] noted cognitively intact, he required extensive assistance of 2 staff for transfers and he had not sustained any falls. The surveyor requested R1's care card that was in effect on [DATE]. The care card noted Hoyer lift and 2 for transfer. The care card did not indicate a particular sling to use for R1's transfers. The surveyor requested and reviewed R1's care plan that was in effect on [DATE]. The care plan noted Focus: ADL (Activities of daily living) deficit as evidenced by: weakness, right above-knee amputation and cognitive decline related to physical limitations. Goal: will receive assistance necessary to meet ADL needs. Will not develop any complications related to decreased mobility. Revised date: [DATE]. Target date: [DATE]. Intervention initiated [DATE] with revision on [DATE]: Transfers: please use Hoyer lift and 2 for transfer until further notice. On [DATE] at 1:20 p.m. the surveyor spoke with CNA-C regarding the incident involving R1 on [DATE]. CNA-C indicated she has been a certified nursing assistant for almost 3 years. She worked at the facility for the summer the previous year and was recently rehired on [DATE]. CNA-C indicated she received a one day orientation with her return along with 2 days of job shadowing. The surveyor asked CNA-C if the training involved following resident plans of care. CNA-C responded she could not remember if the training covered following resident plans of care but she knows it is important to follow care plans for resident best outcome. The surveyor asked CNA-C if resident care plans are accessible to staff to direct resident care. CNA-C responded resident care plans are located in each resident closet. The surveyor asked CNA-C if she had checked R1's care plan prior to transferring him on [DATE]. CNA-C responded she had not. She further explained that when she previously worked at the facility R1 was an EZ stand lift. The surveyor asked CNA-C if she had assisted other CNA's with Hoyer lift transfers. CNA-C indicated she had. The surveyor asked if the transfers were done with 1 or 2 staff. CNA-C indicated 2 staff were used for the transfers she assisted with. The surveyor asked CNA-C if she had transferred R1 by herself and to explain why she had. CNA-C responded she had transferred R1 by herself. She was under the impression she had to be 18 to transfer with one staff and she now meets that requirement. The surveyor asked CNA-C to explain what had occurred. CNA-C explained she had responded to R1's call light. R1 wanted to go to bed. He was sitting on a sling. The sling was blue. She thought the sling to be a full body sling and had not been taught the difference in slings. The sling was a divided leg sling. R1 has a right leg amputation. CNA-C hooked the straps to the lift and pressed the button to lift R1. CNA-C moved R1's wheelchair aside. His right stump slipped out and he continued to slip to his right side. R1 hit the floor. The Hoyer did not tip over. The nurse was called. Nurse told to get resident up to bed and CNA did so with assistance of another staff. R1 complained of pain and an ambulance was called. The nurse called the DON and provided education to CNA-C. CNA-C indicated the education consisted of the requirement to use 2 staff for all lifts. CNA-C indicated she asked the floor nurse (RN-D) if there are different types of slings and how you know what slings you should use. RN-D said she did not know. CNA-C expressed I still don't know if it was the right sling. CNA-C said she received further training which showed use of 2 staff for Hoyer transfers however she still does not know sling types and resident slings needed. The surveyor reviewed R1's hospital records and noted History of present illness: patient complaining of right sided chest pain. CT was diagnostic for multiple displaced rib fractures of the third, fifth, eighth, ninth and tenth ribs. Evidence of right apical pneumothorax from trauma. Very diminished breath sound bilateral. Patient is do not resuscitate. Assessment/Plan: status [REDACTED]. Given extensive for fractured ribs and high risk of [MEDICAL CONDITION] I would strongly recommend palliative care team to be involved to discuss further goals of care with the power of attorney. Progress notes further state patient poor candidate for ORIF (open reduction internal fixation) due to age and comorbidities. Patient is only on conservative management and pain control. Resident moving to comfort based approach to his ongoing management. Talked with poa, want resident to be kept as comfortable as possible. Notes showed resident pain management until he expired on [DATE]. The surveyor reviewed CNA-C's employee record and confirmed current CNA registry. The record showed the disciplinary action as noted in the FRI, along with a Certified Nursing Assistant Job description signed by CNA-C on [DATE]. The job description notes CNA's essential job functions in part as lifting, turning and transporting residents and demonstrates proper use of equipment. The employee record did not contain record of employee orientation. On [DATE] at 2:15 p.m. the surveyor spoke with RN-D. RN-D indicated she has worked at the facility on and off since 2005. She was familiar with R1. RN-D explained she was called to R1's room and found R1 on the floor complaining of pain to his right side. R1 was lifted via Hoyer to bed and RN-D conducted an assessment. R1 was found to have a skin tear to his right arm and R1 continued to complain of right sided pain. RN-D called the doctor and family. An order was obtained to transfer to the emergency room via ambulance. RN-D called the DON who directed RN-D to begin paper work and re-educate CNA-C on the need for 2 staff for Hoyer transfers and types of slings. RN-D further expressed she is not clear on slings, some cross, some don't cross, not sure who determines the right sling, not sure if therapy evaluates, not sure what assessment is done or who does them. RN-D expressed R1 needed the big sling and it was not used. The sling should have been crossed but it was not. RN-D further stated she was certain the right sling was not used. The wrong sling and not using 2 staff was the reason for the accident. On [DATE] at 2:40 p.m. the surveyor spoke with the DON regarding the facility-related incident (FRI) report and follow up completed after the incident. The DON explained the accident as reported by CNA-C. The facility determined the cause of the fall to be CNA-C did not follow R1's care plan and use 2 staff</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.

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F 0689 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>for the transfer. Additionally CNA-C did not cross the legs of the divided leg sling that was used during the transfer causing R1 to fall. The facility addressed the root causes by immediately training CNA-C and retraining all staff on the same including competency checks, conducting audits of care plans, updating care plans to read 2 staff with Hoyer lift transfers, having maintenance check the Hoyer's to ensure no mechanical issues. CNA-C received disciplinary action and will be required to have a nurse supervise all transfers for the next 12 weeks. The surveyor asked the DON if CNA-C was provided training on following resident care plans and facility policy related to using 2 staff with Hoyer transfers during her orientation when she was re-hired [DATE]. The DON responded the facility does not currently have an orientation checklist with listed required training. The DON expressed CNA-C was provided training on day one of her hire on the facility transfer policy. The surveyor asked the DON if the facility considered correct sling usage as part of the root cause of R1's fall. The DON indicated they had not. The surveyor asked if the facility policy addresses Hoyer sling selection and whether this was considered when auditing and updating resident plans of care. The DON indicated plans of care were audited and updated to include Hoyer lift and assist of 2 staff for all Hoyer transfers. Staff were trained related to his expectation along with the expectation of following resident plans of care. The surveyor requested and received the facility policy related to safe mechanical lift transfer. The surveyor reviewed the facility policy titled Safe use of Mechanical Lifts. The policy is not dated. The policy states in part: Purpose: The purpose is to bear the load, and allow to maneuver the individual safely and efficiently. There are different types of lifts. Be sure to always consider partnering with a coworker when using mechanical lifts according to both the manufacturers and organizations recommendations. A sling is used with the mechanical lift to cradle and support the individual's body during transfer. Some medical conditions will determine sling choice; such as: orthopedic conditions, .amputations .Stroke which may affect individuals ability .The sling used should also be determined by the manufacturers recommendation for type of transfer required, size and weight of the individual, back and head support need, padding that may be required, and preferred or medically necessary positioning of the individual. Summary: It is important to recognize when to use lifts and the different types of lifts and slings available. There are many things that influence the type of lift and sling you should use, ranging from the individuals physical and mental condition to the type of transfer required. On [DATE] at 9:20 a.m. the surveyor conducted an interview with R1's power of attorney (POA)-J, who is R1's daughter. The POA described the accident with her father as reported in the FRI. The POA further indicated the family had on-going concerns during her father's stay related to staff not following his plan of care. The concerns were reported to the facility but continued. The family was informed by the facility staff again failed to follow her father's care plan by not using 2 staff to transfer him and he fell causing the accident. The surveyor reviewed the manufacturer's information for the 2 types of Hoyer lifts used by the facility. Both guides included a color coded chart of slings needed for resident by weight. The guide for the Invacare brand notes specifications of 2 staff preferred for transfer and other sizing requirements. On [DATE] at 11:00 a.m. the surveyor called and spoke with an Invacare Representative (IR)-H regarding sling selection and sizing. IR-H indicated each individual resident needs to be measured for proper sling fitting to include weight, height, girth/middle and shoulders. Additionally other medical conditions need to be considered to determine best sling to be used. This assessment needs to be conducted by a therapist of other medical professional. The Invacare sling with divided legs was the sling used for R1 when he slid to the floor. There was no evidence in the record such an assessment was conducted. The surveyor reviewed the Arjo brand manufacturer's information. Similar to the Invacare brand the guide contains information for sling fitting beyond resident weight. On [DATE] at 12:38 p.m. the surveyor spoke with Arjo Representative (AR)-I regarding sling selection and sling sizing. AR-I indicated each individual needs to be assessed for best sling fitting. This assessment needs to consider resident height, weight, shape and measurements as well as other physical unique needs of the resident such as amputations both a single and a double amputation. The representative further indicated the slings are not interchangeable between manufacturers and the facility needs a clear system in place to identify which Hoyer lift and sling is best for the individual based on each person's needs. Review of R1's medical record showed no comprehensive assessment of appropriate sling needed to safely transfer R1. R1's care plan did not direct staff in the safe and appropriate sling to use to safely transfer R1. Example #2: The surveyor reviewed R2's medical record and noted an admission MDS completed [DATE]. The MDS noted R2 was cognitively intact, was dependent on 2 staff for transfers and had not experienced any falls. The surveyor reviewed R2's care card provided by the facility on [DATE]. The card indicated Hoyer lift with 2 assist and do not pull sling too tight into groin. The surveyor reviewed R2's care plan provided to the surveyor on [DATE]. The care plan notes: Focus: Resident has impaired functional mobility as evidenced by chronic condition, communication deficit and recent left [MEDICAL CONDITION]. Goal: Resident will have ADL needs met with staff assistance. Intervention: Resident requires 2 staff assist to transfer with Hoyer. Date initiated: [DATE]. Revised on: [DATE]; Hoyer lift with 2 staff assist, do not pull sling too tight into groin. The surveyor reviewed R2's care card provided to the surveyor on [DATE]. The card indicated Hoyer lift with 2 assist and do not pull sling too tight into groin. Utilize red sling, size small. The surveyor reviewed R2's care plan provided to the surveyor on [DATE]. The care plan revised on [DATE] indicated Hoyer lift with 2 assist and do not pull sling too tight into groin. Utilize red sling, size small. The surveyor reviewed R2's medical record and found no assessment for determining the safe and appropriate Hoyer sling to use to safely transfer R2. Example #3: The surveyor reviewed R3's care card provided by the facility on [DATE]. The card indicated nursing will provide assistance as needed for transfer via the Hoyer lift, may leave for the Hoyer under resident. The surveyor reviewed R3's care plan provided to the surveyor on [DATE]. The care plan notes: Focus: Resident has impaired functional mobility as evidenced by altered gait or balance, cognitive deficit, communication deficit and decreased range of motion. Goal: Resident will have ADL needs met with staff assistance. Intervention: Nursing -hands on transfer of assistance of 2. On [DATE] at 1:05 p.m. the surveyor observed CNA-E and F transfer R3 via Hoyer lift with a green sling which was crossed between resident legs prior to transfer from wheel chair to her bed. The surveyor asked CNA-E and F about the appropriate sling to use for R3's transfers. CNA-E and F indicated they use the green sling. The sling is not indicated in the resident care plan or care card. Staff use a color coded chart in the utility room to determine the appropriate sling to use, which goes by resident weight. CNA-E and F indicated they always use the particular Hoyer (Arjo) and the sling can either be crossed or not crossed. The surveyor reviewed R3's care card provided to the surveyor on [DATE]. The card was updated to include use green sling for transfers. The surveyor reviewed R3's care plan provided to the surveyor on [DATE]. The care plan revised on [DATE] indicated use green Hoyer sling with transfers. The surveyor reviewed R3's medical record and found no assessment for determining the safe and appropriate Hoyer sling to use to safely transfer R3. Example #4: The surveyor reviewed R4's care card provided by the facility on [DATE]. The card indicated Nursing will provide assistance as needed for transfer via 2 person Hoyer lift. Utilize purple sling with transfers. The surveyor reviewed R4's care plan provided to the surveyor on [DATE]. The care plan notes: Focus: Resident self-care deficit as evidenced by: disease process, diabetes, spinal stenosis, [MEDICAL CONDITION], physical limitations. Goal: will not develop any complications related to decreased mobility. Intervention: Transfer Hoyer lift 2 assist, utilize purple sling with transfer. On [DATE] at 9:48 a.m. the surveyor spoke with R4 regarding her transfers. R4 expressed staff use a Hoyer lift to transfer with usually 2 staff. R4 indicated the sling is crossed between her legs. R4 was not certain of the color of the sling used to transfer her. On [DATE] at 9:57 a.m. the surveyor spoke with CNA-G. CNA-G indicated she was familiar with R4 and cares for her often. The surveyor asked CNA-G about R4's Hoyer transfers. CNA-G indicated R4 is a 2 staff Hoyer transfer using the large blue sling that is crossed at her legs. R4's care plan did not contain an individualized assessment for type and size of sling required to safely transfer R4. Example #5 The surveyor reviewed R5's care card provided to the surveyor on [DATE]. The card read 2 assist with Hoyer for transfers, toileting. Use green Hoyer sling when transferring. The surveyor reviewed R5's care plan provided to the surveyor on [DATE]. The care plan revised on [DATE] indicated Focus: ADL self-care deficit related to post-[MEDICAL CONDITIONS], Left upper and left lower extremity with minimal movement, pain, impaired mood, and cardiac. Goal: Will receive assistance necessary to meet ADL needs. Intervention: 2 assist with Hoyer transfers, toileting. Use green Hoyer sling when transferring. R5's care plan did not contain an individualized assessment for type and size of sling required to safely transfer R5. Example #6: The surveyor reviewed R6's care card provided to the surveyor on [DATE]. The card read, nursing will provide assistance for transfers via Hoyer lift. There is no mention of 2 staff needed or color of sling to use for the transfer. The surveyor reviewed R6's care plan provided to the surveyor on [DATE]. The care plan revised on [DATE] indicated Focus: Resident has impaired functional mobility as evidenced by chronic condition [MEDICAL CONDITION]. Goal: Resident will have needs met with staff assistance. Intervention: Nursing will provide assistance with Hoyer lift, resident requires 2 staff assist to transfer, use green sling. R6's care plan did not contain an individualized assessment for type and size of sling required to safely</p>		

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F 0689 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 2)</p> <p>transfer R6. Example #7: The surveyor reviewed R7's care card provided to the surveyor on [DATE]. The card read Transferring: 2 person assist from chair to wheelchair, EZ stand for toileting, utilize the yellow stand assist sling. Hoyer lift if she does not stand up, utilize yellow sling for EZ stand. The surveyor reviewed R7's care plan provided to the surveyor on [DATE]. The care plan revised on [DATE] indicated Focus: At risk for falls related to use of medication history of falls, fell in the past, [DATE] days, [MEDICAL CONDITION] with frequent falls, deconditioning, history of self-transferring and 2 falls in past 3 months without injury. Goal: decreased falls in 3 months. Date Initiated: [DATE], Revised on: [DATE], target date: [DATE]. Intervention: @ person assist from chair to wheelchair, utilize the yellow stand assist sling. Although R7 is listed on the facility list of requiring both EZ stand and Hoyer lift, that varies, there is no direction to staff on when to use the Hoyer or what Hoyer sling is required to transfer R7 safely. Example #8: The surveyor reviewed R8's care card provided to the surveyor on [DATE]. The card read 2 staff assist to transfer with EZ stand for toileting and shower. EZ stand from wheelchair to shower chair, if she does not tolerate use the Hoyer. Nursing will provide assistance with transfers via ez stand from bed to chair and chair to bed. Hoyer lift if she does not stand up. Utilize the yellow sling for EZ stand and full body sling for Hoyer. The surveyor reviewed R8's care plan provided to the surveyor on [DATE]. The care plan indicated Focus: Resident has impaired functional mobility as evidenced by cognitive deficit, communication deficit, decreased range of motion. Goal: Resident will have needs met with staff assistance. Date initiated: [DATE], Target date: [DATE]. Interventions: 2 staff assist to transfer with EZ stand for toileting and shower, EZ stand from wheelchair to shower chair. If she does not tolerate use Hoyer. Revision: [DATE]: nursing will provide assistance with transfers via EZ stand from bed to chair and chair to bed. Hoyer lift if she does not stand up. There is no further direction to staff regarding safe Hoyer transfer. R8's care plan did not contain an individualized assessment for type and size of sling required to safely transfer R8. Example #9: The surveyor reviewed R9's care card provided to the surveyor on [DATE]. The card read transfer: bed to wheelchair and wheelchair to bed: slideboard 1 assist may use 2 if fatigued. Toileting: Hoyer for toileting, utilize yellow sling with transfers. The surveyor reviewed R9's care plan provided to the surveyor on [DATE]. The care plan indicated: Focus: ADL self-care deficit as evidenced by: orthostatic [MEDICAL CONDITION], chronic back pain, cognitive dysfunction related to physical Limitations. Goal: will receive assistance necessary to meet ADL needs. Interventions: Revised: [DATE]: Hoyer for toileting, utilize yellow sling with transfers. R9's care plan did not contain an individualized assessment for type and size of sling required to safely transfer R9. Example #10: The surveyor reviewed R10's care card provided to the surveyor on [DATE]. The card read Transferring: bed at height for safe transfers into and out of bed with 2 assist and gait belt, pad between leg and Hoyer sling between bilateral thighs, pad Hoyer strap between neck and strap, transfer with 2 assist with 2 assist with gait belt from bed to wheelchair. The surveyor reviewed R10's care plan provided to the surveyor on [DATE]. The care plan indicated: Focus: ADL self-care deficit as evidenced by: need for assistance. Goal: will receive assistance necessary to meet ADL needs. Interventions: pad Hoyer between neck and strap: date initiated: [DATE], toilet use Hoyer and 2 assist, use green sling: revised on [DATE], Transfer with 2 assist with gait belt from bed to wheelchair. Revised on [DATE]. R10's care plan did not contain an individualized assessment for type and size of sling required to safely transfer R10. Example #11: The surveyor reviewed R11's care card provided to the surveyor on [DATE]. The card read Transferring: Hoyer transfer 2 assist, total dependence, and use yellow sling with transfer. The surveyor reviewed R11's care plan provided to the surveyor on [DATE]. The care plan indicated: Focus: ADL self-care deficit as evidenced by: inability to complete self-cares independently related to weakness, potential pain, cognitive impairment, and [MEDICAL CONDITION]. Goal: will maintain existing ADL self-performance. Will be clean, dressed and well-groomed daily to promote dignity and psychosocial well-being. Interventions: Transfers: Hoyer transfer 2 assist total dependence, use yellow sling with transfers. Revised: [DATE]. R11's care plan did not contain an individualized assessment for type and size of sling required to safely transfer R11. Example #12: The surveyor reviewed R12's care card provided to the surveyor on [DATE]. The card read: Transfer: 2 assist with Hoyer for all transfers use the green Hoyer sling. The surveyor reviewed R12's care plan provided to the surveyor on [DATE]. The care plan indicated: Focus: ADL self-care deficit as evidenced by: physical limitations related to history of [MEDICAL CONDITION]. Goal: will receive assistance necessary to meet ADL needs. Interventions: Transfer: 2 assist with Hoyer for all transfers, use the green Hoyer sling. Revised: [DATE]. R12's care plan did not contain an individualized assessment for type and size of sling required to safely transfer R12. Example #13: The surveyor reviewed R13's care card provided to the surveyor on [DATE]. The card read: Nursing will provide assistance as need for transfers via Hoyer lift with 2 assist and toileting sling when available, please use (.) resident last name. The surveyor reviewed R13's care plan provided to the surveyor on [DATE]. The care plan indicated: Focus: Resident has impaired functional mobility as evidenced by: Altered gait or balance, communication deficit. Goal: Resident will have ADL needs met with staff assistance: Interventions: Nursing will provide assistance as need for transfer via Hoyer lift with 2 assist and toileting sling when available please use (.) resident last name. Revised: [DATE]. R13's care plan did not contain an individualized assessment for type and size of sling required to safely transfer R13. On [DATE] at 9:00 a.m. the surveyor spoke with the DON regarding Hoyer sling selection for safe resident transfers. The DON indicated all residents who require Hoyer lift transfers care plans were updated over the weekend to include the color of sling required. The Arjo brand slings are color coded. The Arjo charts were used that indicate a color of sling to use. The sling used for each resident is based solely on resident weight. The DON further stated the Invacare brand slings (the type used for R1) both the full body and divided leg slings are universal for all residents. There are no size differences. On [DATE] at 9:30 a.m. the DON expressed she had misspoke. The Invacare brand slings are also colored by a size guide/chart. The color sling used is based on resident weight. She further explained R1 had a large blue divided leg sling during his incident. The sling was appropriate to his weight. Large slings are for resident weighing of 200 to 400 pounds and R1 weighed approximately 202 pounds at the time. The surveyor asked if staff use any other information for sling selection. The DON Indicated the color size chart is used which is based on resident weight. The facility removed the immediate jeopardy on [DATE] when it had completed the following To assure the most current training resources, Arjo and Invacare contacted and detailed manufacturer's instructions on sling sizing obtained. Facility residents that utilize hoyer lift to have therapy reassessments and documentation completed for recommendations as to appropriate sling size and specifications. Facility resident care plans and Kardex's reviewed and updated, as necessary, to assure correct sling type, size and specifications upon completion of therapy recommendation by Director of Nursing or designee. Facility Nursing Staff were reeducated. Reeducation including where to find transfer status and sling type, size and information on care plan and Kardex, which slings to use for each lift (Arjo and Invacare) and difference between each type of sling available.</p>		