STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355103	A. BUILDING _____ B. WING _____	C 03/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS HEALTH CARE INC	483 4TH ST SW FORMAN, ND 58032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced onsite complaint survey was completed on 03/27/23. The concerns identified by the complainant were substantiated.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on information provided by the	F 609	1. For Resident #4 and all Residents,	4/25/23

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

Electronically Signed | 04/18/2023

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F 609	Continued From page 1 complainant, record review, review of State Survey Agency reports, review of facility policy, and staff interview, the facility failed to report to the State Survey Agency a potential incident of neglect for 1 of 1 sampled resident (Resident #4) who fell out of a mechanical lift. Failure to report an abuse allegation and the results of the facility's investigation to the State Survey Agency placed all residents at risk for possible neglect and subsequent injury. Findings include: Review of the facility policy titled "Abuse and Neglect Policy" occurred on 03/27/23. This policy, dated 05/30/2019, stated, "POLICY: All residents have the right to be free from . . . physical abuse . . . negligence. . . . Definitions: . . . Neglect: Means failure to provide goods and services necessary to avoid physical harm, mental anguish . . . IDENTIFICATION: 1. Any staff witnessing or possessing knowledge of any act or suspected act . . . involving . . . neglect, or abuse, including injuries of unknown origin, such as bruising, skin tears, and/or fractures . . . must IMMEDIATELY notify the charge nurse, who in turn will notify the DON [Director of Nursing], ASSISTANT DON, the COMPLIANCE OFFICER, ADMINISTRATOR or the SOCIAL SERVICE DESIGNEE. . . . INVESTIGATION: PROCEDURE:1. Report of Alleged Incident: The charge nurse on duty and/or the DON . . . will conduct a physical examination of any alleged victim as soon as possible but no later than two hours following the allegation. 2. Notify State Health Department: The Administrator, DON Assistant DON, Compliance Officer and/or Social Service Designee will notify the State Health	F 609	the facility will ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation involve do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long term care facilities) in accordance with State law through established procedures. The facility staff completing the investigation (SSD, DON, Charge Nurse) will report the results of all investigations to the administrator or his/her designated representative and to other officials in accordance with State Law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action will be taken. 2. Resident #4 and all residents who live in the facility have the potential risk of having an alleged violation of abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property occur where it would need to be	

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F 609	Continued From page 2 Department WITHIN 24 HOURS, alerting them of the alleged incident and of the initiation of the investigation. . . . 4. Time Frame of Investigation: Investigations must be documented, and all findings reported in writing to the Administrator as soon as possible following the alleged incident. The Administrator, DON/Assistant DON, Compliance Officer and/or Social Service Designee will, by the fifth working day notify the State Department of Health of the investigative results. . . ." The complainant reported a resident fell out of a mechanical lift which resulted in pain, bruising, and a bone fracture. The complainant alleged the facility failed to report the allegation to the State Agency. Resident #4's nurse' notes identified the following: * 03/18/23 at 2:30 p.m., "Incident Note . . . Staff reported she was hooked up to the Pal [sit-to-stand] lift and while they were trying to transfer her, she started to not stand well and they had to lower her to the floor. She denies any injury. This nurse did move all of her limbs and she did not complain of pain. . . ." * 03/18/23 at 6:54 p.m., "Pain Note . . . Resident displayed grimace and stated "ouch". This writer and aide palpated extremities to see where and how resident reacted. Resident unable to verbalize where pain was located. . . . However, movement to upper R) [right] arm shoulder area resident held breath, squeezed eyes shut, clenched teeth. Resident does have pain to R) arm/ shoulder area. Resident's son came in at this time to visit resident. Son agrees area looks and feels swollen. This writer noted shoulder	F 609	investigated and reported to the appropriate agencies in the appropriate time frame. 3. a) The Abuse and Neglect Policy is updated with current timeline required by the State Agency on reporting incidents was completed on 4/14/2023. The updated policy will be reviewed with management leadership, nurses, and med aides on 4/18/2023. All staff will be trained in identifying and reporting abuse incidents, the training information will be placed in the communication book. b) Staff training will be completed on the facility Abuse policy with all staff. Signature sheets of staff training will be kept in the SSD office by 4/25/2023. c) Falls are identified on the management huddle form and will be reviewed at each huddle meeting. d) An Incident Review Quality Assurance Form will be completed on all falls that result in an injury, unknown injuries, suspicious bruises, skin tears, or abrasions that need to be reported within the required Abuse Policy. A check off box will be added to the current form in use. Charge nurses will initiate the forms by filling out the top section and signing it off. The investigation of the incident will be documented by the person (Charge	

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F 609	Continued From page 3 area is swollen, no bruising, slightly warm when getting resident up for dinner meal. Unknown if swelling is related to arthritis or injury from fall. . . ." * 03/18/23 at 7:22 p.m., " Health Status Note . . . This writer contacted Hospice at this time. . . . [name of Hospice nurse] reports: utilize PRN [as needed] morphine to manage pain . . . If available, use a sling to R) arm. Use ice to decrease swelling and pain as needed. . . ." * 03/18/23 at 9:13 p.m., "Health Status Note . . . Sling to R) arm in place, resident tolerated applying sling well. Cold pack applied for 20 minutes. Light bruising is now starting to show up to upper R) bicep. . . ." * 03/19/23 at 9:40 a.m., "Post Fall Note . . . Resident has been sleepy this morning after receiving prn Morphine during the night for right shoulder pain. . . . No bruising noted to upper area of right shoulder. Edema present in scapula area, no pain on palpitation of site. . . . " * 03/20/23 at 8:34 a.m., "Post Fall Note . . . Late entry: Resident has bruising to right bicep from incident/fall that occurred on Saturday. Area has edema present and is tender to touch. Poor range of motion where sling was under her shoulder. Resident does grimace with movement of arm. . . ." * 03/21/23 at 9:45 a.m., "Health Status Note . . . This nurse heard resident yelling out in pain and went in to check on resident, travel CNA [certified nurse aide] was in her room assisting resident to get AM [morning] cares done and up for the day. This nurse noted large blue/purple bruise on lower front of shoulder around the underneath. Resident vocalized pain and face grimacing noted. . . ." * 03/21/23 at 12:32 p.m., "Health Status Note . . .	F 609	nurse, SSD, DON, Admininistrator) investigating the incident, DON, and Administrator. 4. A QA audit was developed to track all Incident Review Quality Assurance Form identifying/ reporting of suspected or confirmed Abuse or Neglect will be completed weekly for 2 weeks, then monthly for 6 months by the SSD. All reports will be reviewed by DON and kept in the SSD office on outcome of each Abuse and Neglect report. 5. All training and education will be completed by 4/25/2023	

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F 609	Continued From page 4 hospice ordered x-ray . . . will be done at . . . clinic tomorrow AM. . . ." Review of the radiology report, dated 03/22/23, stated, "Indication: Shoulder Injury. . . Impression: Acute comminuted proximal humerus fracture [a break of the shoulder at the top of the upper arm bone]. . . ." Review of State Agency records lacked evidence the facility reported Resident #4's fall out of the mechanical lift or the fractured humerus. During an interview on the afternoon of 03/27/23, when asked about their reporting process, an administrative nurse (#5) stated the facility did not report the incident to the state agency because they did not feel the event involved abuse or neglect. Facility staff failed to report Resident #4's incident of falling out of the mechanical lift and the fractured humerus bone and failed to report the results of their investigation within five working days of the incident. Refer to F689	F 609		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.	F 689		4/25/23

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F 689	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, review of facility's fall investigation report, and staff interview, the facility failed to provide appropriate and sufficient supervision to prevent accidents for 1 of 1 sampled resident (Resident #4) who fell out of a mechanical lift. Failure to communicate nursing assessments which identified the resident required more assistance with transfers and failure to re-evaluate transfer methods resulted in Resident #4's fall, which caused pain, bruising, and a fracture. Findings include: Review of the facility policy titled "POLICY AND PROCEDURE ON USING PAL LIFT" occurred on 03/27/23. This policy, dated 10/01/22, stated, "POLICY: It is the policy . . . to ensure that each resident is safely transferred using the PAL [mechanical sit-to stand lift] Lift. PROCEDURE: The PAL Lift is used on residents who are able to use their hands to hang onto the handles and who are able to stand on their legs. When using the PAL Lift, the following will be completed: . . . OT [occupational therapy] /PT [Physical Therapy] to evaluate for any concerns on PAL Lift transfers. PAL Lifts should never be used on residents who cannot hang onto the PAL Lift handles or who cannot or can no longer stand up using their legs. If a resident can no longer stand using their legs, or they are not able to hang onto the handles for whatever reason, the Hoyer Lift [mechanical full-body lift] may need to be used. . . This change will be determined by the Charge nurse, Director of Nursing, or OT/PT. . . . PAL Lifts may be utilized by one caregiver unless	F 689	1. For Resident #4 the resident was changed to a 2-person Hoyer lift for all transfers to prevent further accidents. The CNA care card was updated to reflect to use of the Hoyer lift. All new staff are educated on lift use and need to demonstrate use prior to using the lifts on a resident to ensure safety with signatures of both new staff and lead CNA or Nurse who is educating them on use. An in-service presented by Hospice of the RRV Medical Director, Tracie Mallberg, MD on provided insight to the services provided to Resident #4 since her fall and fracture, for staff understanding about current plan of care. All Hospice documentation will be requested to be faxed to the facility in a timely manner, to improve our communication process. This also includes Hospice staff stopping to talk with the Charge nurse or DON at the time of a resident visit to update them on any changes made in medications or concerns from family. 2. Resident #4 and all residents who live in the facility are at risk for Accidents and have the potential to be affected if the environment does not remain free of accident hazards and if each resident does not receive adequate supervision	

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F 689	Continued From page 6 otherwise care planned." Review of Resident #4's medical record occurred on 03/27/23 and identified multiple sclerosis, muscle spasms, bladder cancer (on Hospice), and a proximal humerus fracture [a break of the shoulder at the top of the upper arm bone]. Review of Resident #4's Hospice Notes identified the following: * 03/07/23 (11 days prior to Resident #4's fall from the mechanical sit-to-stand lift) "Functional: patient continues to require sit to stand lift for all transfers. Was utilizing hoyer lift on admit but then graduated to sit to stand. However, patient noted to have increased difficulty with sit to stand lift transfer as she continue (sic) to attempt to lay back during transfer and required physical assistance from staff to stand up straight. Patient also noted in past month to have decreased ability to bear weight on legs during transfer. Patient continues to be extensive assist with feeding, bathing, toileting and dressing. . . ." * 03/14/23 ". . . Patient . . . apprears very fatigued. . . during assessment. . . . Staff to continue monitoring safety with sit to stand lift transfers. . . ." A quarterly Minimum Data Set (MDS) dated 03/12/23 (six days prior to Resident #4's fall from the mechanical sit-to-stand lift) identified Resident #4 required extensive assist of two persons with transfers. Review of Resident #4's care plan and the CNA (certified nurse aide) care card, prior to the fall on 03/18/23, identified the following: Care Plan: "I can again be transferred with the	F 689	and assistance devices to prevent accidents. All contracted Hospice agencies (RRV/CHI) that come into Four Seasons Healthcare Center to work with our residents are asked to participate in resident's care conferences in person or via phone going forward from 4/18/2023. 3. a) The Sit to Stand Lift (PAL) Policy and Procedure reviewed and updated to include the Charge nurse can also decide on if resident can or cannot use lift appropriately on 4/10/2023 by the DON. An in-service was held on 3/21/2023 that reviewed the proper use of the Sit to Stand lift and 2 Person Hoyer Lift during our Ergonomics in-service the the Restorative Aide/DON. Each staff member that uses the lifts had to sign off they were trained and understood how to use the lifts appropriately. These forms are kept in the DON Office. b) The Notification of Changes Policy was reviewed by DON on 4/10/2023. The policy will be reviewed at the in-service on 4/26/23 by the DON. The Policy was placed in the Communication book at the Nurses Station after reviewed 4/10/23. c) Communication of changes in transfer status of residents from CNA's, Charge Nurse, MDS Nurse, DON added to the Nursing Huddle forms and Morning	

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F 689	Continued From page 7 PAL lift and one assist. . . Staff will use the hoyer lift if I become weak and am unable to stand well." CNA Care Card: "Assist x 1 with PAL" Resident #4's nurses' notes identified the following: * 03/18/23 at 2:30 p.m., "Incident Note . . . Staff reported she was hooked up to the Pal lift and while they were trying to transfer her, she started to not stand well and they had to lower her to the floor. She denies any injury. This nurse did move all of her limbs and she did not complain of pain. . . . She did not hit her head. Family and hospice both notified of fall, and we will go back to hoyer lift for transfers." * 03/18/23 at 6:54 p.m., "Pain Note . . . Resident displayed grimace and stated "ouch." This writer and aide palpated extremities to see where and how resident reacted. Resident unable to verbalize where pain was located. . . . movement to upper R) [right] arm shoulder area resident held breath, squeezed eyes shut, clenched teeth. Resident does have pain to R) arm/shoulder area. . . . Son agrees area looks and feels swollen. This writer noted shoulder area is swollen, no bruising, slightly warm. . . Unknown if swelling is related to arthritis or injury from fall. This writer will touch base with Hospice for further instructions." * 03/18/23 at 9:13 p.m., "Health Status Note . . . Sling to R) arm in place, resident tolerated applying sling well. Cold pack applied for 20 minutes. Light bruising is now starting to show up to upper R) bicep. . . ." * 03/19/23 at 9:40 a.m., "Post Fall Note . . . Resident has been sleepy this morning after receiving prn Morphine during the night for right	F 689	Huddle forms 4/18/2023 by the DON. d) An in-service was held on 3/26/23 by Hospice of the RRV Medical Director, Tracie Mallberg, MD. Staff were educated on the who, what, where, and when hospice should get involved in resident or loved ones care. e) An in-service is scheduled on 4/26/2023 being presented by Cyndi Siders of Siders Healthcare Consulting on Charting Practices that Support Resident Safety. This in-service will be presented to all nursing staff and the SSD. Staff unable to make it will be responsible to read through the material, watch the video or listen to the recording, and sign off they received/understand the information, return it to the DON by 5/1/2023. f)Family education will be provided when their is a concern with resident and staff safety with transfers, to prevent an avoidable accident or injury. This education will be given on admission and reviewed at quarterly care conferences by the IDT, signed by resident or family member. 4. A QA audit was developed to check that staff are using Sit to Stand/ 2-Person Hoyer Lift as resident care plan and care cards indicates on 5 residents weekly for 2 weeks, then on 5 residents monthly for 6 months by the Charge Nurse and/or	

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F 689	Continued From page 8 shoulder pain. . . . No bruising noted to upper area of right shoulder. Edema present in scapula area, no pain on palpitation of site. . . . Staff education given on supporting arm with sling, use of Hoyer lift for all transfers, and to tell nurse if increased pain is noted from resident. . . ." * 03/20/23 at 8:34 a.m., "Post Fall Note - Late entry: Resident has bruising to right bicep from incident/fall that occurred on Saturday. Area has edema present and is tender to touch. Poor range of motion where sling was under her shoulder. Resident does grimace with movement of arm. Hospice nurse does plan to see resident today . . . Sling in place to immobilize area as suggested by . . . Hospice. . . . Staff did report pain with turning this am with cares and advised to use 2 staff with increased pain. Resident has morphine sulfate concentrate solution for pain as needed every hour that can be given. . . ." * 03/21/23 at 9:45 a.m., "Health Status Note . . . This nurse heard resident yelling out in pain and went in to check on resident, travel CNA [certified nurse aide] was in her room assisting resident to get AM [morning] cares done and up for the day. This nurse noted large blue/purple bruise on lower front of shoulder around the underneath. Resident vocalized pain and face grimacing noted. Another CNA came to assist resident, resident was unable to lift arm more than 1 inch off of bed. MS [morphine sulfate] was given for shoulder pain . . . PC [phone call] made to hospice requesting clarification to what type of immobilization device they were wanting to use on resident. Hospice nurse stated she would call MD [medical doctor] to get clarification and ordered MS to be scheduled QID [four times a day] while awake." * 03/21/23 at 12:32 p.m., "Health Status Note . . .	F 689	DON. The DON will keep them in the QA book in her office once completed for review at the quarterly QA meetings. 5. All training and education will be put into place and completed by 5/1/2023	

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F 689	Continued From page 9	F 689		

Order received to schedule MS and for OT to eval [evaluate] resident for an immobilizing device for right arm, hospice is to use their own therapy contact, hospice ordered x-ray to be done and will be done at . . . clinic tomorrow AM. . . ."
* 03/22/23 at 9:54 a.m., "Health Status Note . . . Staff assist x2 . . . this morning with AM cares. Resident grimaced and vocalized signs and sx [symptoms] of pain with arm movements. MS is provided for pain management. . . ."
* 03/22/23 at 1:20 p.m., "COMMUNICATION - with Family . . . Resident's daughter, [name] called to talk to DON regarding findings from appointment . . . [Daughter] voiced the provider talked to her to let her know that resident had a break right below the shoulder and that they were looking at setting up a consultation with orthopedics. . . ."

Review of the radiology report, dated 03/22/23, stated, "Indication: Shoulder Injury. . . Impression: Acute comminuted proximal humerus fracture . . ."

Review of Resident #4's Medication Administration Record (MAR) from March 1-27, 2023, identified Resident #4 received Morphine Sulfate 2 mg on the following dates and times:
03/18/23 at 7:59 p.m.
03/19/23 at 12:00 am, 5:12 p.m. and 10:33 p.m.
03/20/23 at 4:42 a.m.
03/21/23 to 03/27/23 - four times a day

Resident #4 did not require any morphine sulfate prior to 03/18/23.

An investigation report, dated 03/23/23, stated,

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 10	F 689		

"Investigation Report: Sit to Stand Incident/Fall. . . . [name of nurse] called to speak with DON about an incident/fall that occurred while resident was in the lift. Resident was strapped into the lift per policy as stated by staff, resident's knees buckled and arms went up (chicken winged) putting pressure on her upper arms and under her shoulders. [Name of nurse] requested we change how we transfer the resident from a sit to stand to a Hoyer lift for safety. . . . [name of nurse] notified the Primary care physician via fax, verbally told Hospice, and called the Family about incident. . ."

An "Incident Review Quality Assurance Form," signed by the DON and Administrator on 03/23/23, stated, "Transfer in progress when she [Resident #4] started to not stand properly and staff at (sic) to lower her. . . . Results of investigation: Sit to stand lift policy and procedure followed by CNA. Family was aware of resident not standing well with lift at all times per Hospice prior to fall, declined use of hoyer for resident dignity. No abuse or neglect found by staff and family. . . ." Review of Hospice notes and the facility nurses' notes prior to the fall failed to identify communication to family about changing transfer method from a sit-to-stand lift to a Hoyer lift.

An interview with a nursing staff member (#1) occurred on 03/27/23 at 12:56 p.m. When asked how the resident was transferred prior to the fall, the staff member stated she was transferred with the sit-to-stand lift with one person, but at times she was transferred with a Hoyer lift. The staff member (#1) stated the way of transferring was "always changing."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355103	A. BUILDING _____ B. WING _____	C 03/27/2023

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F 689	Continued From page 11	F 689		

An interview with a certified nurse aide (CNA) (#4) occurred on 03/27/23 at 1:11 p.m. The CNA stated Resident #4 was a sit-to-stand lift transfer with one person prior to her fall, but states the resident was getting weaker at that time.

During an interview on 03/27/23 at 1:42 p.m., a CNA (#3) stated Resident #4 was a sit-to-stand lift transfer with one person prior to her fall, but that sometimes it went "back and forth" between a sit-to-stand lift and a Hoyer lift. The CNA stated she talks with the charge nurse if they change the type of mechanical lift transfer.

An interview with a CNA (#2), who transferred Resident #4 when she fell out of the lift, occurred on 03/27/23 at 2:00 p.m. The CNA stated she was transferring Resident #4 from the wheelchair to her bed with the sit-to-stand lift. Resident #4 was not able to hold onto the handlebars of the lift and the resident refused to stand up. The resident ended up "hanging with her arms over the lift belt," slid out of the sling, and she "helped the resident to the floor." The CNA stated she was instructed to transfer Resident #4 with the sit-to-stand lift.

During an interview on 03/27/23 at 4:40 p.m., an administrative nurse (#5) stated Resident #4's care plan, at the time of the fall, stated if the resident is weak, staff should use the Hoyer lift, but the nurse has to make that judgement, not the CNA.The nurse (#5) stated Therapy completes an assessment to determine assistance requirements.

Review of therapy notes identified physical

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F 689	Continued From page 12 therapy staff last evaluated Resident #4 on 09/09/21 (18 months ago) and stated "Reviewed transfers with facility. Res.[resident] is a standing with one and that is appropriate." The Hospice note from 03/07/23 identified Resident #4 was having difficulty with the sit-to-stand lift and in the past month had decreased ability to bear weight during transfer. The MDS note, dated 03/12/13 identified Resident #4 required extensive assist of two persons for transfers. The facility failed to implement interventions based on these assessments and change the plan of care for staff to safely transfer Resident #4. Based on the PAL lift policy, the PAL lift should not be used for residents who cannot hang on to the handles or can no longer stand up and a Hoyer lift may need to be used. A change in type of lift should be evaluated by the charge nurse, DON, or OT/PT. The facility staff failed to communicate nursing assessments and re-evaluate transfer methods when Resident #4 had a decreased ability to bear weight, which resulted in a fall, pain, bruising, and fracture.	F 689		