PRINTED: 10/12/2017 FORM APPROVED OMB NO. 0938-0391

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AND PLAN OF CORRECTION NAME OF CROVIDER OR SUPPLIER BON SECOURS-MARYVIEW NURSING C (X3) 10 SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS An unannounced Medicare/Medicaid abbrevial standard survey was conducted 10/3/17 through 10/4/17. One complaint was investigated during the survey. Significant corrections are require for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. The census in this 120 certified bed facility was 101 at the time of the survey. The survey same consisted of 2 current Resident reviews (Rosidents #1 and #2). F 309 483.24, 483.25(k)(I) PROVIDE CARE/SERVICE FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility must provide the necessary care and services to attain or maintain the highest practicable physical, montal, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensulthat residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following: (k) Pain Management.		47	FREET ADDRESS, CITY, STATE, ZIP CODE 775 BRIDGE ROAD UFFOLK, VA 23435		
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F 200	standard survey w 10/4/17. One com the survey. Signifi for compliance with 483 Federal Long. The census in this 101 at the time of the consisted of 2 curro (Residents #1 and	as conducted 10/3/17 through plaint was investigated during cant corrections are required in the following 42 CFR Part Term Care requirements. 120 certified bed facility was the survey. The survey sample ent Resident reviews #2).	, w		
\$8∓ <i>U</i>	FOR HIGHEST WI 483.24 Quality of life Quality of life is a fu applies to all care a residents. Each re- facility must provide services to attain or practicable physical well-being, consiste	ELL BEING fe undamental principle that and services provided to facility sident must receive and the eithe necessary care and r maintain the highest I, mental, and psychosocial ent with the resident's	F 309		
	Quality of care is a applies to all treatm facility residents. Bat assessment of a residents receivators accordance with propractice, the compro- care plan, and the re-	fundamental principle that sent and care provided to assed on the comprehensive sident, the facility must ensure treatment and care in ofessional standards of ehensive person-centered esidents' choices, including			
		nt. sure that pain management is			
BORATORY	DIRECTOR'S OR PROVIDE	ER/SUPPLIER, REPRESENTATIVE'S SIGN/	TURE	TITLE	HAG (RX)

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 runsing fromes. The lindings 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 lindings 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MED

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F 309	consistent with pro- the comprehensive	age 1 Is who require such services, fessional standards of practice, person-centered care plan, goals and preferences.	FS	309			
	residents who requiservices, consistent of practice, the compared plan, and the repreferences. This REQUIREMENT by: Based on observated provide the necessary the highest practical failing to follow the provide the receiptions of the practical failing to follow the provides the necessary the highest practical failing to follow the provides the necessary the highest practical failing to follow the provides the necessary the highest practical failing to follow the provides the necessary that the necessary the necessary that the necessary the necessary that the	cility must ensure that ire dialysis receive such twith professional standards aprehensive person-centered esidents' goals and one with a seridenced ions, staff interview and with the facility staff failed to ary care and services to attain ble physical well-being by chysician orders for one of two ary sample, Resident #1.					
	During a transfer or	9/19/17 Resident #1	173	309			
		to the right shoulder. The	1				
	resident included th	n's plan of care for the e order for the use of a sling e facility staff failed to follow g.	be		ive Action for resident found (fected by the deficient parctice it #1		
of pract care plate preference This RE by: Based clirileal is provide the high failing to resident to the right orde The find Resident with diag	The findings include	d:		n1	:-i ()l ('li	1 1	1
	with diagnoses to in history of a stroke w (paralysis on one sig right humeral neck f	mitted to the facility on 8/5/13 clude, but not limited to ith right sided hemiplegia fe of the body) and displaced racture (shoulder).	2. 3. in w	Care All p dividu ere acc ocume		t Order 1ys, for 1 m all or l and	this rders
	of the incident was a	in annual with an assessment 10/17. The resident scored a			ical Staff educated on Order fo tion of sling by the Clinical Ma	~	and the

13 out of a possible 15 on the Brief Interview for

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F 309	Continued From pa	ige 2	F 3	nq		
	· ·	cating the resident's cognition	, 0	II Other Residents Affected:		
				All residents were identified as p	potentially	
Ì	The State Survey Agency received an initial			afffected by deficient practice	· · · · · · · · · · · · · · · · · · ·	
	Facility Reported Incident (FRI) on 9/20/17. The report stated that on 9/19/17 two of two Hoyer lifts in the facility (total mechanical lifts) were not working. The CNA used a sit to stand mechanical lift to assist the resident. When assisting the resident with the sit to stand device the device stopped working. The CNA called out for assistance and the nurse came into the room as well as another CNA. During this process the resident was suspended by the lift straps, resulting in a displaced humeral neck fracture			-Audit Medical Records to ident Physicians Orders and/or consu positioning or support devices (during last 45 days. III Measures and Systemic Chai	lts for limb orthortic)	
	and non-displaced process. The resid and the straps were was assessed and shoulder, therapeut administered. The notified. An order foresident was sent to department) for evaluated and equipment the X-ray reports of 1. Shoulder- Acute humeral neck fracture.	racture of the olecranon ent was lowered to the bed disconnected. The resident complained of pain to the right ic medication was physician and the family were or an X-ray was obtained. The othe ED (emergency duation. An investigation was ent was evaluated. atted 9/20/17 read: minimally displaced right are. stionable non-displaced		-Therapy to complete screen on devices to confirm correct applion initiation, annually and as ne Care Plan and Kardex will refle OrderEducation: 100% Clinical Staff application of the orthotic device Doumentation: Licensed Staff orthotic device placement each acknowledge on Medication Ad RecordClinical Managers will review a	cation and use seded. Sect orthotic of education on sects. Will confirm shift and ministration	
	The meetide the course we	about of at the ED as 0/00/47		Orders and/or Orthotic orders t		

part;

The resident was evaluated at the ED on 9/20/17

and returned back to the facility that same day.

The ED discharge diagnosis was nondisplaced fracture of proximal end of right humanus.

The Orthopedic follow up dated 9/22/17 read, in

correct transcription and careplanning. This

Manager/s signature on the Consult/Order.

audit will be evidenced by the Clinical

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STATEMENT	COURS-MARYVIEW NURSING SUMMARY STATEMENT O (EACH DEFICIENCY MUST BE REGULATORY OR LSC IDENTIFY Continued From page 3 "positive Right humeral ne- minimal displacement. Plan: Sling to right UE (upper orders. No use (R) UE, caut F/U (follow up) 3 weeks." On 10/3/17 at 12:25 p.m., the attempting to eat lunch. The was slurred. The right arm vight hand was contracted. A 5:00 p.m., the resident was or right arm sling was still not or physician. On 10/3/17 at 5:15 p.m., the manager was made aware or the sling not being on the res The unit manager then went room. The sling was then pla The unit manager then left the this inspector, "I will educate of the sling)". The findings was shared with the Corporate Nurse, the Inte Nursing, and the Nansmond pre-exit meeting conducted of Nansmond unit manager stat used "to maintain a 90 degre	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. TIUILDIN	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	"positive Right hu minimal displaceme Plan: Sling to right I orders. No use (R) F/U (follow up) 3 we On 10/3/17 at 12:25 attempting to eat lur was slurred. The right hand was cont 5:00 p.m., the reside right arm sling was a physician. On 10/3/17 at 5:15 pmanager was made the sling not being of The unit manager throom. The sling was the unit manager this inspector, "I will of the sling)". The findings was should be the sling on the Name of the Name on Name on the Name of the Name of the maintain as comfort".	imeral neck fracture with ent. UE (upper oxtremity). See UE, caution when transferring. eeks." 5 p.m., the resident was in bed nch. The resident's speech ght arm was not in a sling, the tracted. At 2:15 p.m., and ent was observed in bed. The still not on as ordered by the p.m., the Nansmond unit e aware of the observations of on the resident as ordered, nen went into the resident's as then placed on the resident, nen left the room and stated to a cducate the slaff (on the use the later of the interior of ansmond Unit Manager at the inducted on 10/4/17. The inager stated the sling was 90 degree angle and	F 30	-Documentation: All orthotic require shift documentation by nurse that device is placed per -Clinical Managers or designee witten audit of 100% of all orthonce per month. IV: Performance Monitoring: 1. Nursing and Therapy will reof audit and oversight of orthothe facility Quality Assurance a Improvement Comittee. 2. Process Improvement for O will be ongoing with QAPI Teamonths. After 12 months the evaluated for contination. Completion Date: 11-17-17	y the licensed order (M.A.R) will complete a notic devices eport outcomes tic devices to and Process out for 12
SS-G	HAZARDS/SUPERV (d) Accidents. The facility must ens	/ISION/DEVICES	,	.	

(1) The resident environment remains as free from accident hazards as is possible; and

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F 323 Continued From page 4

- (2) Each resident receives adequate supervision and assistance devices to prevent accidents.
- (n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.
- (1) Assess the resident for risk of entrapment from bed rails prior to installation.
- (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.
- (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by:

Based on observation, staff interviews, clinical record reviews, facility document reviews and in the course of a complaint investigation the facility staff failed to ensure that the appropriate lift device and or lift was provided during transfers according to the residents comprehensive person-centered care place to prevent accidents for 2 of 2 residents in the survey sample, Resident #1 and #2.

1. Based on physical functional limitations
Resident #1 required the utilization of a total
mechanical lift for all transfers. On 9/19/17 the
facility's total lift equipment was not maintained in
safe operating condition; therefore, the staff
(Certified Nurse Aide/CNA #2) elected to use a sil
to stand mechanical lift to transfer the resident

F 323 F 323

- I: Corrective Action for those Residents (2) found to have been affected by deficient practice.
- -Physical Therapy Evaluation to confirm correct Transfer Procedure for each resident. -Care Plan and Kardex updated to reflect Transfer Procedures for each resident.
- II: How Facility will identify resident/s affected by deficient practice:

All residents are a risk of deficient practice:

- 1. Physician's Orders will be reviewed to identify all resident/s utilizing any mechanical lifting device.
- 2. 100% of Care Plans and Kardex will be reviewed to confirm that correct transfer process is identified for each individual resident.

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F 323 Continued From page 5

from the wheelchair to the bed. The resident did not meet the criteria for the use of the sit to stand lift due to non-weight bearing status and inability to fully grasp both handle bars due to right sided weakness from a stroke. During the transfer, the sit to stand lift malfunctioned. The resident was suspended by the lift straps. The resident's weight pulled her down causing the lift belt to rise under the resident's neck and the right shoulder, as a result the resident sustained a fracture to the right shoulder (proximal right humerus) and possible fracture of the right elbow (olecranon).

2. Based on physical functional limitations
Resident #2 required a pivot transfer with one
staff or use of a total mechanical lift for transfers.
The resident did not meet the criteria for a sit to
stand mechanical lift due to inability to fully grasp
both handle bars due to right arm contracture and
weakness from a stroke. On 10/4/17 CNA#3
transferred the resident from the bed to a
wheelchair using a sit to stand mechanical lift.

The findings included:

1. Resident #1 was admitted to the facility on 8/5/13 with diagnoses to include, but not limited to history of a stroke with right sided hemiplegia (paralysis on one side of the body).

The current MDS (Minimum Data Set) at the time of the incident was an annual with an assessment reference date of 7/10/17. The resident scored a 13 out of a possible 15 on the Brief Interview for Mental Status, indicating the resident's cognition was intact. The resident required extensive assistance of two staff for bed mobility and transfers. The resident was not steady and was only able to stabilize with staff assistance during

F 323

III: Measures/Interventions/Systemic Changes.

- 1.Therapy evaluation to confirm correct mechanical lifting device for each individual resident or order initiation, annually and as needed.
- 2. Care Plan and Kardex will reflect correct transfer procedure for each resident.
- 3. Staff will refer to the Kardex or Care Plan prior to transfering any resident. A mechanical lift will not be used on any residents who does not have an order for the mehanical lift reflected on the Kardex and CarePlan.
- 3. All Clinical Staff will complete Competency Training with Mechanical Lifts at Orientation and then annually. This competency will include the FDA Patient Lift Safety Guide and will include how to evaluate the resident and the lift prior to beginning lift with a mechanical device.
- 4. Agency Clinical Staff will be required to evidence competency before using l'acility Mechanical Lifts without staff supervision.
- 5. Staff Educator will maintain list of completed Mechanical Lift Competency Evaulations.
- 6. Policy: Two Staff in attendance for all Mechanical Lifts regardless of type
- 7. "RED TAG" Procedure: All Staff Eduction on how to use the Red Tag Out process for mechanical lifting devices that evidence an actual or suspected mechanical failure.

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transitions from surface to surface (transfer between bed and chair or wheelchair). Functional limitation of range of motion was identified due to impairment on both upper and lower extremities on one side. The resident's weight was 187 pounds.

The comprehensive person-centered care plan mitiated on 9/23/13 identified the resident had ADL (activities of daily living) self-care performance deficit due to diagnosis of right hemiparesis. The goal was the resident would maintain current level of functioning. Several of the interventions listed was for the resident to wear a right hand orthotic at bedtime for contracture management, a right half lap tray for upper extremity support while seated in a wheelchair, bed mobility extensive of assistance of two, and for transfers the resident required extensive to total and two assist.

The CNA Kardex Report/ care plan at the time of the incident identified for transfers Resident #1 required, "extensive to total and two assist with Hoyer lift (total mechanical lift). One staff member during transfer with Hoyer is to support/monitor right side paresis to ensure resident's safety."

The State Survey Agency received an initial Facility Reported Incident (FRI) on 9/20/17. The report stated that on 9/19/17 two of two Hoyer lifts in the facility (total mechanical lifts) were not working. The CNA used a sit to stand mechanical lift to assist the resident. When assisting the resident with the sit to stand device, the device stopped working. The CNA called out for assistance and the nurse came into the room as well as another CNA, During this process the resident was suspended by the lift straps.

F 323

- 8. Equipement: Two new Hoyer (Total Lift Devices) have been purchased.
- 9. Clinical Staff will receive training on new Hoyer Lifts before new lifts are placed into use.
- 10 Night Shift Nursing Supervisor will perform a written audit of mechanical lifts to include charging status.
- 11 Rehab will complete three random unannounced observation audits of resident transfer with mechanical lift per month.
- 12 Clinical Managers will complete 100% audit on all Resident/s with physicians orders for mechanical lifting device monthly
- 13. Environmental Services will complete monthly Mechanical Lift equipment checks and Maintain a Log of "Red Tag" events, equipment malfunction and/or repair.
- 14. Kardex and Care Plan will be reviewed Quarterly to ensure that correct transfer process is reflected.

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resulting in a displaced humoral neck fracture and non-displaced fracture of the electranon process. The resident was lowered to the bed and the straps were disconnected. The resident was assessed and complained of pain to the right shoulder, therapeutic medication was administered. The physician and the family were notified. An order for an X-ray was obtained. The resident was sent to the ED (emergency department) for evaluation. An investigation was started and equipment was evaluated.

The X-ray reports dated 9/20/17 read:

- 1. Shoulder- Acute minimally displaced right humeral neck fracture.
- 2. Elbow Right-Questionable non-displaced fracture of the electronon process.

The resident was evaluated at the ED on 9/20/17 and returned back to the facility that same day. The ED discharge diagnosis was nondisplaced fracture of proximal end of right humerus.

The Orthopedic follow up dated 9/22/17 read, in part:

"...positive Right humeral neck fracture with minimal displacement.

Plan: Sling to right UE (upper extremity). See orders. No use (R) UE, caution when transferring. F/U (follow up) 3 weeks."

The final facility internal investigation report dated 9/25/17 concluded the following:

1. Equipment evaluation was completed and there were no malfunctions. The batteries had not been properly charged on the mechanical lifts resulting in the 2 Hoyer lifts not working and the sit to stand which did not have an adequately charged battery to manage the transfer.

F 323 1V Performance Monitoring:

- 1. Nursing, Education, Therapy & Environmental Services Departments will form the QAPI Team: Mechanical Lifts and Patient Safety. The team will report on the Department Audits and Continuous Process Improvement Plan at the Facility Quality Assurance and Process Improvement (QAPI) meeting.
- 2. The QAPI Team: Mechanical Lifts and Patient Safety will remain in affect for 12 months and then be re-evaluated.

Completion Date: 11-17-17

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F 323	was incorrect base Corrective measure recurrence were: 1. In-service staff of mechanical lifts bet 2. In-service staff of transferring a reside 3. One to one in-set taken with CNA who incorrect type of lift. On 10/3/17 at 1:50 for Resident #1 was	to stand lift for this transfer d on resident functional status, as implemented to prevent in properly charging ween use. In alternative measure for ent if lift is not functioning, rvice and disciplinary action initiated the transfer with the p.m., CNA#1 assigned to care interviewed. She was asked	F3	23				
	how do you determ resident, she stated closet door, if the reassist you get some Resident #1 was a the Ployer lift. Whe mechanical lifts chaput it on the charges sometimes I come if She stated that this she went to get the resident it was "bed	inc the transfer status of your lift, "the care plan inside the sident is not a one person and to help". She stated total lift resident who required masked, when and where are arged, she stated, "for myself, I r in the clean supply room, mand they are not charged", past Saturday (9/30/17) when sit to stand to use on a ping", indicating that it was the stated each lift has 2						
	batteries. CNA #1 vinserviced recently of stand lifts and manuthe facility on 9/28/1 corrective measure, The care plan locate	vas asked if she had been on mechanical lifts, sit to hal lifting that was provided by 7 and 9/29/17 as part of the she stated, "No". ed inside Resident #1's closet at the resident required a						
	On 10/3/17 at 8:41 r	o.m., an interview was						

conducted via telephone with CNA #2 who

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F 323 Continued From page 9

transferred Resident #1 with the incorrect lift on 9/19/17. Per the interview and CNA #2's written statement she stated that at approximately 8:30 p.m., the resident was sitting up in a wheelchair in her room. The resident requested to be placed back into bed. The CNA obtained the total lift from the shower room, took it into the residents room and at that time discovered it was not working. She then went to the other unit to obtain the other total lift. This lift was not working either, she stated, "the battery was not working". Sho then went back to the unit and asked a coworker how was she was supposed to transfer the resident to bed if the both total lifts were not working, the coworker stated to transfer the resident using the sit to stand as they had used this lift on the resident before and "everything went well". She then went to get the sit to stand lift. After applying the waist guard she began to lif(the resident. The lift "kept going in and out-stopping and starting back up." She stated once she realized the lift was beginning to go out she quickly tried to proceed, the resident asked to be put down, stating, "Put me down". At that time she saw the nurse across the hall and alerted her that she needed help. The nurse came in to assist. They both attempted to lift the resident up but could not. The nurse left the room to get more assistance. While waiting the waist guard "had quickly went up causing her stroke arm to lift as well". She stated, "during the whole transfer (name of resident) was calm but was saying her arm was hurting". When asked what was the root cause of the resident obtaining a fracture from the transfer, she stated, "The machines, if they had been working properly I would have used the appropriate equipment...I did what I thought was best".

F 323

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STATEMENT OF DIFFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVITY COMPLETED	
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F 323 (Continued From pa	nge 10	F 3	23			- Committee Free and Halling	

The written statement dated 9/20/17 from the nurse involved with the incident read, in part:"...I entered the room and noted (Resident #1's name) with a lift belt under her neck and around her R shoulder. I rushed to help but the (Resident name) was too heavy and I had to run and scream for someelse (sic) to come help. Then I ran back into the room to help (CNA#2) support (Resident name) till helped arrived so she would not choke on the belt. The patients weight was pulling her down and the belt was under her chin... If I had released the belt around her neck, she would have fallen to the floor and possibly sustained more injury, and her shoulder was still caught in the belt as well... (name of CNA#2) stated that the patient should have been moved with a different type of lift but she had tried the two we have and they were not working at all. So the lift used in the incident was the only one she had available to use to get this non weight bearing, non ambulatory bariatric patient from wheelchair to her bed and the lift just stopped working mid transfer".

On 10/3/17 at 12:25 p.m., the resident was in bed attempting to eat lunch. The resident's speech was slurred. The right arm was not in a sling, the right hand was contracted. At 2:15 p.m., and 5:00 p.m., the resident was observed in bed. The right arm sling was still not on as ordered by the physician.

On 10/3/17 at 4:00 p.m., an interview was conducted with the Administrator. When asked what was the rool cause of the incident that resulted in the resident's fracture, she stated, "The CNA used poor judgement in selecting the sit to stand".

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CENTE	KŞ FÜR MEDICARE	& MEDICAID SERVICES				<u>)MB NO. 0938-0</u>	<u> 391</u>
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F 323	Continued From pa	ge 11	F 3	323			
	the Corporate Nurs Nursing, and the Na	nared with the Administrator, e, the Intorim Director of ensmond Unit Manager at the nducted on 10/4/17.					
	The facility policy tit undated, read in pa "Purpose;	led "Lift Machine Using", rt:					:
	residents using a m Preparation:	-					
	any special needs of	ent's care plan to assess for of the resident. uipment and supplies as					
	assistant if the resid lifting procedures. If	t be used by one nursing lent can participate in the not, two (2) nursing quired to perform the					
	Interior Health Patie Assist-Sil Stand Lift facility. In part, but n The Patient Must:						
	machine. Reason-S pressure in patient's 3. Be able to keep b of the lift throughout could fall off the lift.	nto both handles on the ling will place too much armpits. oth feet flat on the footplate the transfer. Reason-Patient This position is painful for tiff of contracted knees or					
		gned to lift and transfer ace to another (e.g., from bed					

to bath, chair to stretcher). The powered models

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F 323	Continued From pa	•	F 323	3	
	generally require the battery and the marmusing hydraulics. The many benefits, inclusionally patients and caregive However, improper significant public heathese devices have injuries including heaths. Source www. The FDA (U.S. Food Patient Lift Safety Gratient Lift Safety Gratient Lift, check: to transfer, make sure for patient's condition was patient's condition was Perform Safety Coperform safety check sure batteries are also as a large staff or use of a lotal resident did not meem mechanical lift due to both handle bars du weakness from a stire.	ne use of a rechargeable inual models are operated these medical devices provide uding reduced risk of injury to ivers when properly used, ruse of patient lifts can pose eath risks. Patient falls from e resulted in severe patient ead traumas, fractures, and rw.fda.gov od & Drug Administration) Guide read, in part; a Condition-Before using a o see if patient can assist with e you have correct lift and sling on, ensure lift will not make worse. Check-Before lifting the patient, cks: For electric lifts, make			
	-	sit to stand mechanical lift.			
	11/23/16 with diagno	admitted to the facility on oses to include, but not limited se, right sided weakness with re.			:
	The current MDS a	quarterly with an assessment			

reference date of 9/4/17 assessed the resident as

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F 323	Continued From pa	ge 13	F3	323	
	•	ech. The resident was coded			
		and short term memory			
		ately impaired cognitive skills			
		aking. The resident's self			
		transfers required extensive			
		port of two staff. Under			
	Balance During Transitions and Walking the				
	resident was not steady and only able to stabilize				
	with staff for moving from seated to standing				
	position and surface-to-surface transfer (transfer				
	between bed and chair or wheelchair). The				
	resident had functional limitation of range of				
	motion to one side of the body effecting both			•	
	upper and lower ext				
	dated 11/7/13 identi performance deficit stroke with right her the resident will mai function. Under Tra	e person centered care plan fied the resident had ADL related to diagnosis of a niparesis. The goal was that ntain current level of ADL insters the approach was the tensive assistance of 2 staff			
	The CNA kardex/ ca indicated the resider assistance of 2 staff	are plan under 'transfer' nt required extensive i members.			
	inspector along with Nansmond unit man Nansmond unit show mechanical lifts. CN entered the shower if lift back inside for sta The CNA was follow asked what resident	eximately 10:30 a.m., this the Administrator and hager were inside the wor room inspecting the JA #3 (an agency staff) from to place the sit to stand orage and then left the room, red out by this irispector and was this sit to stand lift used dont #2's name). The CNA			

was asked if this lift was appropriate for this

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F 323 Continued From pa	age 14	F:	323	·		
	d, "This is the second time I've	, ,				
worked with him, I	had a problem getting him up					
	ere busy". When asked if					
	help as the resident is a two stated, "No. I didn't see anyone					
at that time". The	closet door kardex was					
reviewed and indic	ated the resident was a two					
	IA stated, "the sit to stand is a					
one person IIII as it sit and hold on to tl	ong as the resident is able to					
on and note on to the	to bar to starra .					
	t manager was interviewed					
	ng the interview with CNA#3. of Resident #2 being					
	it to stand lift was shared. She					
	Resident #2 supposed to be					
	ated when she gets him up he					1
	rith two staff. When asked if a an appropriate lift for this					
	di appropriate introcuris I, "I don'i know if anyone uses					
a lift with him! dor	n't know". When asked does					
	he criteria for the sit to stand,					
	e to his weakness". When do use a sit to stand with one					
	lo, not if you don't have a					ŀ
	second person is there to					
	ury." The unit manager was					
asked are agency s	taff trained on the facility's lift					
	It's pretty standard in most e two people". The unit					
	would have therapy screen					
the resident for tran						
Following this interv	iew the rehab therapy					
	led a screening on the					
	nsfers. The Screening Form					
	uded the resident does not sfors, however, if a lift is used					Ì
requient mirror (inter-	ororo, nowever, n a meio doed					[

for safety, it must be a Hoyer (total lift) with assist

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F 323	interviewed. She s appropriate for the resident's right har from grabbing onto The following information Health Pati Assist-Sit Stand Liff facility, in part, but "The Patient Must: 2. Be able to hold of	p.m., the rehab manager was tated the resident was not sit to stand lift due to the did contracture that hinders him the hand bar. mation was obtained from ent Handling Procedure Stand Contracture provided by the not limited to: onto both handles on the Sting will place too much	F 323		
F 465 SS=E	the Corporate Nurs Nursing, and the Nursing, and the Nursing, and the Nursing continued to the N	aL/SANITARY/COMFORTABL cental Conditions ovide a safe, functional, ortable environment for the public. as, in accordance with State, and local laws and long smoking, smoking areas, or that also take into account	F 465	F465 I: Corrective Action for those of found to have been affected by practice; I. Lifts Inspected by Environm Services. 2. Education: 100% Clinical Seducation on A. evaluating mechanical lifts	deficient nental

DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 465 Continued From page 16

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This REQUIREMENT is not met as evidenced

REGULATORY OR LSC IDENTIFYING INFORMATION)

Based on staff interviews, clinical record review. facility document review and in the course of a complaint investigation the facility staff failed to ensure resident equipment was maintained in safe operating order.

The mechanical lifts were not maintained in safe operating order. The lift batteries were not maintained charged. As a result a CNA used an alternate lift that was inappropriate for Resident #1, a sit to stand lift. The sit to stand lift battery also was not fully charged and stopped functioning during the transfer, as a result Resident #1 sustained a fracture to the right shoulder.

The findings included:

Resident #1 was admitted to the facility on 8/5/13 with diagnoses to include, but not limited to history of a stroke with right sided hemiplegia. (paralysis on one side of the body).

The current MDS (Minimum Data Set) at the time of the incident was an annual with an assessment reference date of 7/10/17. The resident scored a 13 out of a possible 15 on the Brief Interview for Mental Status, indicating the resident's cognition was intact. The resident required extensive assistance of two staff for bed mobility and transfers. The resident was not steady and was only able to stabilize with staff assistance during between bed and chair or wheelchair). Functional limitation of range of motion was identified due to impairment on both upper and lower extremities on one side. The resident's weight was 187

prior to begining a lift.

- B. Placing the lift back on charge after using a Mechanical Lift.
- C. "Red Tag" Procedure for any mechanical equipment suspected of not being in full functional order.

CROSS REFERENCED TO THE APPROPRIATE

DEFICIENCY)

- D. Care Plan and kardex to reflect process of evaluation of resident and mechanical lift prior to initiating a transfer (FDA Patient Lift Safety Guide),
- II. How Facility Will identify other residents affected by deficient pratice:

All residents using mechanical lifts are at risk of deficient practice.

Orders will be reviewed to identify all residents with current orders for mechanical lift transfers.

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F 465 Continued From page 17 pounds.

The comprehensive person-centered care plan initiated on 9/23/13 identified the resident had ADL (activities of daily living) self-care performance deficit due to diagnosis of right hemiparesis. The goal was the resident would maintain current level of functioning. Several of the interventions listed were for the resident to wear a right hand orthotic at bedtime for contracture management, a right half lap tray for upper extremity support while seated in a wheelchair, bod mobility extensive of assistance of two, and for transfers the resident required extensive to total and two assist.

The CNA Kardex Report/ care plan at the time of the incident identified for transfers Resident #1 required, "extensive to total and two assist with Hoyer lift (total mechanical lift). One staff member during transfer with Hoyer is to support/monitor right side paresis to ensure resident's safety."

The State Survey Agency received an initial Facility Reported Incident (FRI) on 9/20/17. The report stated that on 9/19/17 two of two Hover lifts in the facility (total mechanical lifts) were not working. The CNA used a sit to stand mechanical lift to assist the resident. When assisting the resident with the sit to stand device the device stopped working. The CNA called out for assistance and the nurse came into the room. as well as another CNA. During this process the resident was suspended by the lift straps, resulting in a displaced humeral neck fracture and non-displaced fracture of the elecranon process. The resident was lowered to the bed and the straps were disconnected. The resident was assessed and complained of pain to the right

F 465

III Measures and Systemic changes:

- 1. Environmental Services will inspect all Mechanical Lifts Monthly.
- 2. Envionmental Services will maintain a Maintence Log.
- 3. All Clinical Staff will complete a comptency on using Mechanical Lifts on orientation and annually thereafter (including agency). This will include evaluating the device to cusure it is fully functional prior to beginning any mechanical lift.
- 4. All Clinical Staff will be trained in the RED Tag Procedure for marking any mechanical device evidencing a malfunction or suspected malfunction.
- 5. Night Shift Supervisor will complete a written audit of mechanical lifts including battery status (every night)
- 6. Two aging Hoyer lifts have been retired. Two New Hoyer lifts are being placed into use.

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F 465 Continued From page 18

shoulder, therapeutic medication was administered. The physician and the family were notified. An order for an X-ray was obtained. The resident was sent to the ED (emergency department) for evaluation. An investigation was started and equipment was evaluated.

The X-ray reports dated 9/20/17 read:

- 1. Shoulder- Acute minimally displaced right humeral neck fracture.
- Elbow Right-Questionable non-displaced fracture of the olecranon process.

The resident was evaluated at the ED on 9/20/17 and returned back to the facility that same day. The ED discharge diagnosis was nondisplaced fracture of proximal end of right humerus.

The final facility internal investigation report dated 9/25/17 concluded the following:

- Equipment evaluation was completed and there were no malfunctions. The batteries had not been properly charged on the mechanical lifts resulting in the 2 Hoyer lifts not working and the sit to stand which did not have an adequately charged battery to manage the transfer.
- 2. Choice of the sil to stand lift for this transfer was incorrect based on resident functional status. Corrective measures implemented to prevent recurrence were:
- 1. In-service staff on properly charging mechanical lifts between use.
- 2. In-service staff on alternative measure for transferring a resident if lift is not functioning.
- One to one in-service and disciplinary action taken with CNA who initiated the transfer with the incorrect type of lift.

On 10/4/17 at 11:30 p.m., the Maintenance

F 465 IV Performance Monitoring:

Nursing, Therapy, Education & Environmental Services Departments will form the QAPI Team: Mechanical Lifts and Patient Safety.

The team will report on the Audits and Continuous Process Improvement Plan at the Facility Quality Assurance and Process Improvement (QAPI) meeting.

2. The QAPI Team: Mechanical Lifts and Patient Safety will remain in affect for 12 months and then be re-evaluated.

Completion Date: 11-17-17

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NAME OF PROVIDER OR SUPPLIER BON SECOURS-MARYVIEW NURSING C			STREET ADDRESS, CITY, STATE, ZIP CODE 4775 BRIDGE ROAD SUFFOLK, VA 23435			
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F 465 Continued From page 19

Coordinator was interviewed. He stated that following the incident for Resident #1 all the lifts were checked out by the biomedical company and all found to be in good operating order. It was found that the batteries had not been charged. He also stated, it had been bought to maintenance department's attention around July of this year by nursing that the lift batteries were not maintaining their charge. In response to this, the facility ordered back-up batteries for all the lifts. He stated that frequently since then he has found that the staff have not been consistent with ensuring the sit to stand batteries are in the chargers and charging up. He also stated that he has found the total lift batteries on the charger but the surge protectors were not turned on; therefore, the battery was not charging.

The findings were shared with the Administrator, the Corporate Nurse, the Interim Director of Nursing, and the Nansmond Unit Manager at the pre-exil meeting conducted on 10/4/17.

The FDA (U.S. Food & Drug Administration)
Patient Lift Safety Guide provided to the inspector
by the facility read, in part:
9. Perform Safety Check:
Before lifting the patient, perform safety checks.
For electric lifts, make sure batteries are always
charged.

COMPLAINT DEFICIENCY

F 465