STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205115	A. BUILDING _____ B. WING _____	C 08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEXTER HEALTH CARE	**64 PARK STREET DEXTER, ME 04930**

(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 On 8/30/23, an unannounced visit was conducted at Dexter Healthcare for the purpose of completing the investigation complaint #ME00044680. It was determined that Dexter Healthcare was in past non-compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000	Past noncompliance: no plan of correction required.	
F 689 SS=D	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. This REQUIREMENT is not met as evidenced by: Based on review of the facility reported incident form, record review, the facility 'Lifting Machine' policy and procedure, and interviews, the facility failed to ensure a resident did not slide out of a Hoyer sling during a transfer for 1 of 3 residents requiring Hoyer transfer (Resident #1). Finding: On 8/30/23, a "Nursing Facility Reportable Incident" form, dated 8/20/23, and the "5-day Follow-Up" form, dated 8/25/23, were reviewed. The forms indicated that on 8/20/23, Certified Nurse Assistant #1 (CNA1) and Certified Nurse Assistant #2 (CNA2) were using a Hoyer lift to transfer Resident #1 (R1) from his/her wheelchair to the bed. CNA1 failed to use the appropriate	F 689	Past noncompliance: no plan of correction required.	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 689	Continued From page 1	F 689		

size sling and failed to properly apply the Hoyer lift sling resulting in R1 sliding out of the sling to the floor. R1 landed on the Hoyer lift legs causing a 9 centimeter (cm) long by 1.7 cm wide abrasion on his/her back. R1 was sent to the hospital for evaluation and returned to facility with no injuries other than the abrasion.

On 8/30/23, R1's clinical record was reviewed. A discharge report from the hospital indicated the resident had no fractures and was discharged with a diagnosis of superficial abrasion on the back. Nurse's notes dated from 8/20/23 thru 8/22/23 indicated that the R1 did not complaint of pain in the area of the abrasion.

On 8/30/23, the facility's "Lifting Machine-Using a Portable" policy and procedure was reviewed. The policy indicated under "Steps in the Procedure" #3: Select a sling that is appropriate for the resident's size and the task. #10: Place the sling under the resident. Visually check the size the ensure it is not too large or too small. #12: Attach sling straps to sling bar, according to manufacturer's instructions.

On 8/30/23 at 8:55 a.m., interview with the Director of Nursing (DON). DON stated an investigation was started immediately after the incident occurred. In her interview with CNA1, she stated CNA1 told her that she used the wrong size Hoyer sling and CNA1 stated she did not crisscross the straps of the sling around R1's legs.
The DON also stated that CNA2 told her that the sling was the wrong size and CNA1 did not cross the straps. The DON stated that for this type of sling, the sling straps must be crisscrossed around the resident's legs to prevent slipping out

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F 689	Continued From page 2 of the sling. The DON stated a program was promptly put in place to re-train all staff on the proper use of the Hoyer lift, sling size and sling application. The training was completed on 8/25/23. On 8/30/23 at 10:44 a.m., in an interview with the surveyor, CNA1 confirmed she used the wrong sized sling and that she assumed it was the correct size, and she did not cross the straps. On 8/31/23 at 1:45 p.m., in an interview with the surveyor, CNA2 stated that she was trained that the sling needed to be crisscrossed around the resident's legs. CNA2 confirmed that CNA1 did not crisscross the straps.	F 689		