STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255331	A. BUILDING _____ B. WING _____	C 02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARRINGTON LIVING CENTER	**701 SOUTH HOLLY STREET COLLINS, MS 39428**

(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 The State Agency (SA) conducted a Complaint Investigation (CI MS #23976) at the facility on 02/15/24. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F656 and F689. Based on implementation of the facility's corrective actions on 1/17/24, the deficient practice was determined to be Past Non-Compliance (PNC) and the facility was in compliance as of 1/18/24. The facility held a license for 60 beds, with a census of 54.	F 000		
F 656 SS=G	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656		

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

Electronically Signed | 02/28/2024

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F 656	Continued From page 1 rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on record reviews, interviews, and facility policy review, the facility failed to implement a comprehensive care plan intervention for a resident transfer with a stand mechanical lift, resulting in left ankle fractures for one (1) of three (3) resident care plans reviewed. Resident #1. Based on the implementation of the facility's corrective actions on 1/17/24, the deficient practice was determined to be Past Non-Compliance (PNC) and the facility was in compliance effective 1/18/24. Findings include:	F 656	Past noncompliance: no plan of correction required.	

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F 656	Continued From page 2	F 656		

A review of the facility's policy, "Comprehensive Plan of Care", revised 10/10/22, revealed " POLICY: It is the policy of this facility to ...implement a comprehensive person-centered care plan for each resident ...Policy explanation and Compliance Guidelines ...3. The comprehensive care plan will describe ...a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being ..."

A record review of the Care Plan revealed "Focus The resident has an ADL (Activities of Daily Living) self-care performance deficit ...Interventions ...TRANSFER: The resident requires STAND lift X (times) 2 staff for transfers. Date initiated 1/10/24 ..."

A record review of the facility's investigation, dated 1/18/24, revealed that on 1/17/2024, Resident #1 reported she had pain in her left foot and that her foot had hit something while she was being transferred from the wheelchair to the bed the prior afternoon (1/16/24). The resident received x-rays and upon obtaining the images, the Nurse Practitioner gave an order to transfer the resident to an acute hospital. Additional x-rays were obtained which revealed she had fractures. An investigation was completed, and it was found that CNA #4 was transferring Resident #1 and did not use a stand lift, which was what the resident required per her care plan.

A record review of the "Admission Record" revealed the facility admitted Resident #1 on 12/28/2011 with current diagnoses including Chronic Obstructive Pulmonary Disease and Muscle Weakness.

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F 656	Continued From page 3	F 656		

A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/22/2023 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating she was cognitively intact.

A record review of the "Physician's Order Sheet", revealed Resident #1 had a Physician's Order, dated 1/10/24, for "Stand lift x (times) 2 persons for transfers".

A record review of the local hospital report, dated 1/17/24, revealed Resident #1 had an acute spiral fracture lateral malleolus (outside ankle) and an acute avulsion fracture medial malleolus (inner side of ankle).

During an interview on 02/15/2024 at 09:25 AM, Resident #1 revealed a CNA came into the room and assisted her from the wheelchair to her bed and did not use any type of mechanical lift.

During an interview on 02/15/2024 at 12:15 PM, with the Director of Nursing (DON), revealed CNA #4 did not use the stand lift as was required per the Physician's Order and plan of care for Resident #1. He stated that he expected the staff to review the resident's care plan to ensure the resident was properly transferred.

During an interview on 02/15/2024 at 12:30 PM, with the Administrator, she revealed the resident was not transferred appropriately per the care plan and Physician's Order. She stated that the facility conducted a thorough investigation and reported the fracture to the authorities as required. CNA #4 was placed on leave pending the investigation on 1/17/24 and was terminated on 1/18/24 because she did not come to Human

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F 656	Continued From page 4	F 656		

Resources for a meeting as requested. The Administrator said that residents and other staff were interviewed and there were no other instances in which a resident was inappropriately transferred. The facility had an emergency Quality Assurance Performance Improvement (QAPI) meeting on 1/17/24 at 2:40 PM to discuss the injury to the resident. The facility's policies regarding mechanical lifts were reviewed during the QAPI meeting and there were no changes recommended to the current policy. The facility provided immediate education beginning 1/17/24 on "Lift Education, Policy and Procedure for Safe Lifting Program, Step by step instruction to find lift orders in the kiosk for residents, and policy and procedure for Abuse, Neglect and Exploitation". She explained that a 100% audit was conducted of all residents using the stand and full body lifts to verify sling sizes, care plans and Physician Orders to ensure all were correct and accessible to staff through the electronic health records. All nurses and CNAs completed one-on-one checkoffs on the proper use of the lift beginning 1/17/24 and no staff were allowed to work until in-service training was completed. Lift skills checkoffs for nurses and CNAs will be completed bi-annually and upon hire. The QAPI committee will review lift usage and the need for further education of staff for the next three months.

Based on implementation of the facility's corrective actions on 1/17/24, the deficient practice was determined to be Past Non-Compliance (PNC) and the facility was in compliance effective 1/18/24.

Validation:

On 2/15/24, the State Agency (SA) validated the

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F 656	Continued From page 5	F 656		

following:

The SA validated through interviews and record review that the facility completed a thorough investigation and reported the event to the SA and the Attorney General's Office.

The SA validated through staff interview and record review CNA #4 was suspended on 1/17/24 pending the facility's investigation and was terminated on 1/18/24.

The SA validated through interviews and review of the QAPI sign in sheet the facility held a Quality Assurance Performance Improvement (QAPI) meeting on 1/17/24 at 2:40 PM and the facility's policies regarding mechanical lifts were reviewed.

The SA validated through staff interview and in-service sign in sheets that the facility provided immediate education beginning 1/17/24 on "Lift Education, Policy and Procedure for Safe Lifting Program, Step by step instruction to find lift orders in the kiosk for residents, and policy and procedure for Abuse, Neglect and Exploitation".

The SA validated through staff interview and record review the facility conducted a 100% audit of all residents using the stand and full body lifts to verify sling sizes, care plans and Physician Orders to ensure all were correct and accessible to staff through the electronic health records.

The SA validated through staff interview and record review of competency checkoffs, that all nurses and CNAs completed one-on-one checkoffs on the proper use of the lift beginning 1/17/24 and no staff were allowed to work until

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F 656	Continued From page 6 in-service training was completed.	F 656		
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. This REQUIREMENT is not met as evidenced by: Based on record reviews, interviews, and facility policy review, the facility failed to ensure a resident was free of accidents and/or hazards during a transfer when a Certified Nurse Aide (CNA) transferred Resident #1 from the wheelchair to the bed without using the required stand mechanical lift, resulting in left ankle fractures for one (1) of three (3) residents reviewed for accident/hazards. Resident #1. Based on the implementation of the facility's corrective actions on 1/17/24, the deficient practice was determined to be Past Non-Compliance (PNC) and the facility was in compliance effective 1/18/24. Findings include: A review of the facility's policy "Safe Lifting Program", revised 09/22/2022 revealed," POLICY: It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury ... Compliance Guidelines ...3. Mechanical lifting equipment or other approved transferring aids will	F 689	Past noncompliance: no plan of correction required.	

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F 689	Continued From page 7	F 689		

be used based on the resident's needs ...10. Two staff members must be utilized when transferring residents with a mechanical lift ...13. Staff members are expected to maintain compliance with safe handling/transfer practices ..."

A record review of the facility's investigation, dated 1/18/24, revealed that on 1/17/2024, Resident #1 reported she had pain in her left foot and that her foot had hit something while she was being transferred from the wheelchair to the bed the prior afternoon (1/16/24). The resident received x-rays and upon obtaining the images, the Nurse Practitioner gave an order to transfer the resident to an acute hospital. Additional x-rays were obtained which revealed she had fractures. An investigation was completed, and it was found that CNA #4 was transferring Resident #1 and did not use a stand lift, which was what the resident required per her care plan.

A record review of the local hospital report, dated 1/17/24, revealed Resident #1 had an acute spiral fracture lateral malleolus (outside ankle) and an acute avulsion fracture medial malleolus (inner side of ankle).

A record review of the "Physician's Order Sheet", revealed Resident #1 had a Physician's Order, dated 1/10/24, for "Stand lift x (times) 2 persons for transfers".

A record review of the "Admission Record" revealed the facility admitted Resident #1 on 12/28/2011 with current diagnoses including Chronic Obstructive Pulmonary Disease and Muscle Weakness.

A record review of the Quarterly Minimum Data

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F 689	Continued From page 8	F 689		

Set (MDS) with an Assessment Reference Date (ARD) of 12/22/2023 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating she was cognitively intact.

On 02/15/2024 at 09:25 AM, an interview with Resident #1 revealed a CNA came into the room and assisted her from the wheelchair to her bed. She stated that she bumped her leg on something, but she did not report that her foot was hurt until the next morning. She said the nurse came and looked at her foot and then she was sent to the hospital. She confirmed the CNA transferred her by helping her to stand and did not use any type of mechanical lift.

On 02/15/2024 at 10:30 AM, an interview with CNA #1 revealed there was information on the kiosk that indicated how a resident was to be transferred, including if a mechanical lift was required or how many staff were required to complete the transfer.

On 02/15/2024 at 12:15 PM, an interview with the Director of Nursing (DON) revealed he assisted with the investigation in which CNA #4 transferred Resident #1 to the bed without using the mechanical lift. He acknowledged that CNA #4 did not use the stand lift as was required per the Physician's Order and plan of care for Resident #1. He stated that he expected the staff to review the resident's care plan to ensure the resident was properly transferred.

On 02/15/2024 at 12:30 PM, an interview with the Administrator revealed the resident was not transferred appropriately per the care plan and Physician's Order. She stated that the facility conducted a thorough investigation and reported

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F 689	Continued From page 9	F 689		

the fracture to the authorities as required. CNA #4 was placed on leave pending the investigation on 1/17/24 and was terminated on 1/18/24 because she did not come to Human Resources for a meeting as requested. The Administrator said that residents and other staff were interviewed and there were no other instances in which a resident was inappropriately transferred. The facility had an emergency Quality Assurance Performance Improvement (QAPI) meeting on 1/17/24 at 2:40 PM to discuss the injury to the resident. The facility's policies regarding mechanical lifts were reviewed during the QAPI meeting and there were no changes recommended to the current policy. The facility provided immediate education beginning 1/17/24 on "Lift Education, Policy and Procedure for Safe Lifting Program, Step by step instruction to find lift orders in the kiosk for residents, and policy and procedure for Abuse, Neglect and Exploitation". She explained that a 100% audit was conducted of all residents using the stand and full body lifts to verify sling sizes, care plans and Physician Orders to ensure all were correct and accessible to staff through the electronic health records. All nurses and CNAs completed one-on-one checkoffs on the proper use of the lift beginning 1/17/24 and no staff were allowed to work until in-service training was completed. Lift skills checkoffs for nurses and CNAs will be completed bi-annually and upon hire. The QAPI committee will review lift usage and the need for further education of staff for the next three months.

Based on implementation of the facility's corrective actions on 1/17/24, the deficient practice was determined to be Past Non-Compliance (PNC) and the facility was in compliance effective 1/18/24.

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F 689	Continued From page 10	F 689		

Validation:

On 2/15/24, the State Agency (SA) validated the following:

The SA validated through interviews and record review that the facility completed a thorough investigation and reported the event to the SA and the Attorney General's Office.

The SA validated through staff interview and record review CNA #4 was suspended on 1/17/24 pending the facility's investigation and was terminated on 1/18/24.

The SA validated through interviews and review of the QAPI sign in sheet the facility held a Quality Assurance Performance Improvement (QAPI) meeting on 1/17/24 at 2:40 PM and the facility's policies regarding mechanical lifts were reviewed.

The SA validated through staff interview and in-service sign in sheets that the facility provided immediate education beginning 1/17/24 on "Lift Education, Policy and Procedure for Safe Lifting Program, Step by step instruction to find lift orders in the kiosk for residents, and policy and procedure for Abuse, Neglect and Exploitation".

The SA validated through staff interview and record review the facility conducted a 100% audit of all residents using the stand and full body lifts to verify sling sizes, care plans and Physician Orders to ensure all were correct and accessible to staff through the electronic health records.

The SA validated through staff interview and

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F 689	Continued From page 11 record review of competency checkoffs, that all nurses and CNAs completed one-on-one checkoffs on the proper use of the lift beginning 1/17/24 and no staff were allowed to work until in-service training was completed.	F 689		