STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255257	A. BUILDING _____ B. WING _____	C 07/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR PLACE	81 WINDSOR BOULEVARD COLUMBUS, MS 39702

(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 survey, MS #16811 and MS #16659 from 7/27/20 to 7/29/20. During the survey, the SA determined the facility was not in compliance with the Requirement for Participation in Medicare and Medicaid. The SA substantiated MS #16659 for a fall with fracture and cited F 689. The SA did not substantiate MS #16811 for elopement, with no citations related to the complaint.	F 000		
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 staff interview, record review, review of the manufacturer's Sabina Lifts With Care instructions, Sabina Lift Instruction Guidelines for Training and facility policy review, the facility failed to prevent a fall from a Sabina lift, as evidenced by Certified Nursing Assistants (CNAs) failed to secure the leg (calf) strap on a Sabina lift used to transfer Resident #1 resulting in the resident falling and sustained fractures which required outside medical treatment for one (1) of four (4) residents reviewed for safe use of a lift. (Resident #1). Findings include:	F 689	1. Resident #1 was assessed by Admission Nurse (Registered Nurse) upon return from hospital on 12/05/2019. Resident #1 lift status was changed by Admission Nurse after assessment. Resident #1 Careplan and Certified Nurse Assistant assignment sheet updated by Unit Manager (Registered Nurse) on 12/05/2019. Certified Nurse Assistants involved in the incident were suspended while the investigation was conducted. After the week long investigation, the Certified Nurse Assistants involved were terminated on 12/10/2019.	9/10/20

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

Electronically Signed | 09/10/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255257	A. BUILDING _____ B. WING _____	C 07/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR PLACE	81 WINDSOR BOULEVARD COLUMBUS, MS 39702

(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 1 Review of the facility's policy titled, " Fall Prevention Policy", revised 05/2019, revealed it is the policy of this facility that each resident will be assessed upon admission, readmission, quarterly, and annually or with a significant change for their fall risk potential. Incorporate individualized measures and interventions into the resident's care plan for residents who are identified to be at risk for falls. Be aware of and utilize the fall precautions as appropriate for each individual resident. Review of the facility's policy titled, "Sizing, Application, and Use of the Lifts" revealed it is the policy of this facility to follow the manufacturer's instructions for sizing, application, and use of the Sabina sling. Review of the Sabina II Lift Instruction Guidelines for Training, copyright 2012, revealed when preparing the patient on the lift, position the individual's shins against the lower leg support, readjusting the support when necessary. Review of the Sabina lift manufacturer's instructions, (no date) revealed on page 10: "Secure calf strap. A padded calf strap holds the legs securely in place. Simple length adjustment". Review of the facility's Incident Investigation, dated 11/29/2019 at 11:30 AM, revealed upon investigation of this incident, the writer of the report was notified of the Resident #1's fall and went to the resident's room immediately. Resident #1 was lying on her bed, alert and oriented. Staff had already transferred the resident back to bed. No distress was noted. The writer asked the resident what caused her to fall out of the sling of the Sabina lift and she	F 689	2. All residents requiring the use of a sit/stand lift have the potential to be affected. 100% residents lift assessments, careplans, and Certified Nurse Assistant assignment sheets reviewed by Quality Assurance Registered Nurse and updated if indicated on 12/03/2019. 3. Maintenance checks of all lifts were performed by Maintenance Director and Maintenance Assistant on 12/02/2019 with no negative findings. 100% in-service and skills sit/stand lift training check off for all current employees initiated on 12/01/2019 and completed on 12/05/2019 by the Staff Development Coordinator (Registered Nurse). All new employees will be in-serviced by the Staff Development Coordinator (Registered Nurse) and skills lift training check off will be conducted while in orientation prior to working or assisting with any resident. Skills lift check offs for all nursing staff will continue annually and as needed. Resident lift/transfer requirements will be updated upon admission, readmission, quarterly, annually, and as needed according to resident□s assessment by the licensed nurse. Facility fall prevention policy was reviewed on 12/18/2019 by the Quality Assurance and Performance Improvement Committee with no needed changes or revisions made. 4. On 12/04/2019 Quality Assurance Registered Nurse/Staff Development Coordinator initiated the plans of monitoring staff performance while using	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255257	A. BUILDING _____ B. WING _____	C 07/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR PLACE	81 WINDSOR BOULEVARD COLUMBUS, MS 39702

(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 2 responded she became very weak all of a sudden and nauseous and she just felt her body going down and she could not continue to stand or to hand onto the bars of the lift. Resident #1 said she had just stood up and the girl (CNA #4) was about to pull her out of the bathroom when she told her she was sliding. CNA #4 stated she was on the other side of the lift and the resident was still in the bathroom, but she was on the outside and unable to get to the resident before she started to go down to the floor with her legs twisted under her. Registered Nurse (RN) #1 reported when she arrived the resident was still attached to the lift, but could not recall just how. Resident #1 was lifted off the floor with the Viking lift and the CNAs and RN #1's assistance. Resident #1 did complain of pain in both of her legs. 911 was called and Resident #1 was transferred to the hospital. Resident #1 did not complain of nausea, and said it just occurred like a flash wave, she got weak and very sick at her stomach and was not able to hold onto the lift bars. There was another CNA in the room, (CNA #3), the writer asked if she was in the room during the incident and both CNAs said no, she came in to assist with getting Resident #1 off the floor, but she did say she did not think the strap on the Sabina lift no longer tightened all the way and therefore unable to hold the resident on the lift properly. The Maintenance was notified and checked all three Sabina lifts in the facility for function and found no problems with the lift straps. The lifts were returned to the floors. On 12/2/2019, the writer returned to work and the Maintenance Manager, who had checked the lifts on 11/29/2019, came to her regarding a lift he found on the hall that he noticed the strap was attached through the buckle causing the strap not to tighten. The CNA probably believed it was	F 689	lifts to transfer residents. Quality Assurance Nurse/Staff Development Coordinator completed random three (3) x weekly x four (4) weeks then two (2) x monthly x six (6) months audits; reported any negative findings to Quality Assurance Performance and Improvement Committee x six (6) months; and completed on 06/26/2020. Concerns identified during December and March observation audits with education and re-demonstration provided at time of audit. Concerns reported to December, January and April Quality Assurance and Performance Improvement Committee. Concerns were discussed with no additional recommendations or changes made to current plan. Continue random checks for the next two (2) months. Quality Assurance Nurse/Staff Development Coordinator will audit CNA (certified nurse aide) performance of 4 random residents requiring the use of sit/stand lift for transfers weekly x eight (8) weeks beginning on 09/08/2020. Results of the audits will be reviewed monthly and as needed by the Quality Assurance and Performance Improvement Committee for any recommendations, revisions, and or resolution.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255257	A. BUILDING _____ B. WING _____	C 07/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR PLACE	81 WINDSOR BOULEVARD COLUMBUS, MS 39702

(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 3	F 689		

working properly. On 12/23/2019, the writer added to the report Resident #1 was recently sent to the Emergency Room (ER) after a fall from the Sabina Lift. She was found to have a heart rate in the 40's and was readmitted to the facility on 12/21/2019 status post a pacemaker implanted. During the fall the resident reported she felt weakness and nausea which was a possible cause for the weakness and nausea she felt after being lifted off the commode, and reported she felt better after laying down. The resident is in stable condition now, has a sling to her left arm, denies any "real pain" as she put it, just tenderness and soreness to her chest.

Record review of the Post Incident Sabina Lift Maintenance Check: Incident 11/29/2019 - Fall From Sabina Lift: (Name of Resident #1), dated 12/2/2019 and signed by the Maintenance Manager, revealed he checked the three Sabina lifts on 11/29/2019 for functioning and all straps were found to be in working condition and all able to tighten to proper position and capable of a snug fit for all residents.

Review, of the written statement given by CNA #3, revealed she had asked CNA #4 to assist with taking Resident #1 to the bathroom. She was called out of the room and when she came back to the nurse's station, she was told her Resident #1 was in the floor. She went to the resident's room with other staff. She wrote that the sling was still hooked up, the leg band was on but it wasn't tight and the waist sling was under the resident's breasts. CNA #3 said she thought CNA #4 was going to help Resident #1 to the bathroom.

Review, of a written statement by CNA #4,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255257	A. BUILDING _____ B. WING _____	C 07/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR PLACE	81 WINDSOR BOULEVARD COLUMBUS, MS 39702

(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 4	F 689		

revealed Resident #1 was being lifted with the Sabina lift and her legs gave out and she slipped to the floor.

A telephone interview, on 7/29/20 at 11:55 AM with RN #1, revealed she was the charge nurse on 11/29/19. She stated she was at the desk and someone said Resident #1 was in the floor. She stated she immediately went to the room and found Resident #1 in the bathroom with the Sabina lift on. She stated Resident #1 was in the lift leaning to her right side. She stated the waist strap was on, but it was so far up her back because she had slid so much. She had slid out on her right side. RN #1 stated Resident #1's right leg was up under her and her left leg was extended out and back on the base of the Sabina lift. RN #1 stated she threw the leg strap was out of the way when she was assessing the resident. She confirmed the leg strap was not on and fastened as it should have been. RN #1 confirmed Resident #1 complained of pain in her legs. RN #1 stated they did several demonstrations after the fall using the Sabina lift and those demonstrations revealed if the leg strap had been on, Resident #1 would not have slid out.

Review of Resident #1's Care Plan, dated 12/29/2017, revealed the Problem/Need for Activities of Daily Living (ADL) deficit which included a need for transfer assistance. The Approaches included the use of a Sabina lift for transfer with one person assistance. The Sabina lift is a sit to stand lift. On 12/5/2019, the Sabina lift was crossed out and the Viking lift was handwritten on the care plan with two person assistance. The Viking lift is a total body lift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255257	A. BUILDING _____ B. WING _____	C 07/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR PLACE	81 WINDSOR BOULEVARD COLUMBUS, MS 39702

(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 5	F 689		

Review of Resident #1's Care Guide, dated 11/29/2019, revealed her transfers required the Sabina lift with one person assistance. Her fall risk was moderate.

Review of the Emergency Department (ED) note, dated 11/29/2020 at 12:31 PM, revealed Resident #1's chief complaint included: Fall, Knee Pain, Hip Pain and Shoulder Pain. The report stated the history was provided by the patient. The pain level was severe with complaint of right hip and knee pain due to a fall. The Physical Examination revealed the resident was in no acute distress. She was alert and oriented. She exhibited tenderness to right hip and knee. Resident #1 was admitted to the hospital. X-ray to the right femur revealed a fracture involving the distal femoral metaphysis just above a knee prothesis. The X-ray of the right knee revealed an acute comminuted transverse displaced fracture involving the distal femur, immediately proximal of the left knee prothesis. The X-ray of the left knee revealed an acute oblique, transverse displaced fracture involving the distal diaphysis of the left femur. The fracture involves the femur about eight centimeters (8 cm) proximal to the prothesis. All X-rays were done on 11/29/2019. The Patient Care Timeline revealed Resident #1 was admitted to the hospital, on 11/29/2019, for surgery in the morning.

Review of the hospital Discharge Summary, dated 12/5/2019, revealed Resident #1 was admitted due to right and left femur fractures. The note further stated Resident #1 was admitted for femur fractures and underwent surgical repairs on 11/30/2019.

Review of the facility's 7-3 Shift B-Side Daily

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255257	A. BUILDING _____ B. WING _____	C 07/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR PLACE	81 WINDSOR BOULEVARD COLUMBUS, MS 39702

(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 6	F 689		

Assignment Sheet, dated 11/29/2019, revealed CNA #4 was assigned to rooms 300 to 306 and CNA #3 was assigned to rooms 414 to 418, which included Resident #1.

Review of Resident #1's Physician's Orders revealed an order, dated 2/29/2017, for a Sabina lift with one person assistance for transfers.

Review of the facility's Sabina Lift II Skills Checklist, dated 6/12/2019, revealed CNA #3's signature at the end of the checklist which included

Review of the facility's Sabina Lift II Skills Checklist, dated 11/6/2019, revealed CNA #4's signature at the end of the checklist.

Review of the facility's Viking and Sabina Training is performed on Orientation and Annually, no date) revealed, "Ensure leg strap is in place and taut after resident has placed feet onto foot tray. Legs should be touching the leg cushion.

An interview, on 7/29/20 at 10:00 AM with the Assistant Director of Nursing (ADON) revealed Resident #1 was an alert and oriented resident. She stated she always liked to be up with her make-up on. The ADON stated Resident #1 was sent to the Emergency Room after the fall and returned to the facility after having surgery to her legs. She stated Resident #1 received therapy, but expired several weeks later. She stated the resident had some complications not related to the fall. The ADON confirmed Resident #1 required one (1) person assist for the Sabina lift and her care plan indicated this. She stated Resident #1 was assigned to Certified Nursing Assistant (CNA) #3 and she didn't know why CNA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255257	A. BUILDING _____ B. WING _____	C 07/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR PLACE	81 WINDSOR BOULEVARD COLUMBUS, MS 39702

(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 7	F 689		

#4 was assisting her. The ADON stated CNA #3 and CNA #4 were terminated. The ADON stated that Registered Nurse (RN) #1 told them the leg strap was not hooked when she got to the bathroom immediately after the fall because she stated she moved it to the side. The ADON stated CNA #1 had reported to them that the leg strap was not on and she had gone into the room immediately after the fall occurred.

An interview, on 7/29/20 at 10:14 AM with Certified Nursing Assistant (CNA) #1 revealed that when she heard that the Resident #1 had fallen, she went into the resident's room and the resident was sitting on the bathroom floor by the toilet with the Sabina lift in the bathroom. CNA #1 stated the waist belt was around Resident #1's back because it had to be removed. She stated the lift had a strap for the legs, but it was not secured in place. CNA #1 stated when she went to Resident #1's room earlier, CNA #3 and CNA #4 was in the room. The resident was in the bathroom. CNA #1 told CNA #3 there were some visitors here to see her, so CNA #3 left the room and CNA #1 went back to the desk. CNA #4 stayed with Resident #1.

During an interview, on 7/29/20 at 11:21 AM, with the Administrator (ADM), stated he felt like Resident #1 would not have fallen if the leg strap had been put around her legs like it was supposed to be.

An interview, on 7/29/20 at 4:45 PM, with CNA #2 revealed she had been trained to use the lift by watching videos and in-service. She stated they had done training with the lift in person with staff as the resident. CNA #2 stated if the straps are not on correctly it can hurt the resident or you

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255257	A. BUILDING _____ B. WING _____	C 07/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR PLACE	81 WINDSOR BOULEVARD COLUMBUS, MS 39702

(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 8	F 689		

could hurt yourself. She stated the leg strap keeps the resident connected to the lift. She stated she felt it was the most important part because if the resident got weak it would keep them connected.

An interview, on 7/29/20 at 4:55 PM, with Licensed Practical Nurse (LPN) #1, revealed she was responsible for Minimum Data Set (MDS) and Care Plans. She stated that the staff is taught during orientation on how to use the lifts and should use the proper technique. She felt the care plan was followed because a one person lift was used and that was what was care planned. She stated that if they did not apply the lift properly that was different. She stated the staff is trained and they learn when they come to work here how to use the lifts.
Review of the manufacturers information for the Sabina lift revealed a padded calf strap holds the legs securely in place. Simple length adjustment.

Review of the Face Sheet revealed the facility admitted Resident #1, on 9/11/2000 and readmitted her on 12/31/2015, with the included diagnoses Osteoarthritis of hip, unspecified, Hyperlipidemia, Presence of artificial hip joint, Type II Diabetes, Malaise and Weakness.

Review of Resident #1's Minimal Data Set (MDS), with an Assessment Reference Date (ARD) of 12/12/2019, revealed a Basic Interview for Mental Status (BIMS) score was 13, which indicated no cognitive impairments.