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	255328	A. BUILDING _____ B. WING _____	C 03/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	**6434 A DALE DR MARION, MS 39342**

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F 000	INITIAL COMMENTS	F 000		

The State Agency (SA) conducted a Complaint Investigation (CI MS #20966), at the facility from 3/13/23 through 3/14/23, and then returned to the facility for an extended survey from 3/27/23 through 3/31/23. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA investigated MS #20966 for Neglect and Services not provided per the Plan of Care and Physician's Orders and cited F656, F689, and F697.

The SA identified Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 2/27/23 when facility staff first transferred Resident #1 using a pivot transfer and not the sit-to-stand mechanical lift as required per the plan of care. Resident #1 sustained right and left (bilateral) tibia/fibula (two bones in the lower leg) fractures and suffered avoidable pain.

IJ existed at:

CFR 483.21(b)(1) Comprehensive Care Plan - F656 - Scope/Severity "J"

IJ and SQC existed at:

CFR 483.25(d)(2) Accidents/Hazards - F689 - Scope/Severity "J"
CFR 483.25(k) Pain Management - F697 - Scope/Severity - "J"

The facility Administrator was notified of the IJs and SQC on 3/28/23 at 4:25 PM and was presented with the IJ Templates.

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

Electronically Signed | 04/21/2023

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F 000	Continued From page 1 The facility provided an acceptable Removal Plan on 3/30/23, in which they alleged all corrective actions to remove the IJ and SQC were completed on 3/29/23, and the IJ removed on 3/30/23. The SA validated the Removal Plan on 3/31/23 and determined that the IJ was removed on 3/30/23, prior to exit. Therefore, the scope and severity for CFR 483.21(b)(1) Comprehensive Care Plan F656, CFR 483.25(d)(2) Accidents F689, and CFR 483.25(k) Pain Management F697 were lowered from a "J" to a "D" while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. The facility had a license for 120 beds, with a census of 91.	F 000		
F 656 SS=J	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	F 656		5/1/23

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F 656	Continued From page 2 (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 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 interviews, record review, and facility policy review, the facility failed to implement comprehensive care plan interventions related to the use of a mechanical lift for one (1) of three (3) resident care plans reviewed. (Resident #1) The facility did not implement the care plan intervention for a sit-to-stand mechanical lift	F 656	The careplan and lift assessment for Resident #1 were updated on 3/3/23. All Residents have the potential to be affected by the deficient practice. Careplans have been reviewed for all Residents by the Minimum Data Set	

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F 656	Continued From page 3 transfer for Resident #1. The facility's failure to implement care plan interventions placed this resident and other residents at risk in a situation that caused and was likely to cause serious harm, injury, impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) that began on 2/27/23 when facility staff transferred Resident #1 using a pivot transfer and did not use the sit-to-stand mechanical lift as required. The facility Administrator was notified of the IJ on 3/28/23 at 4:25 PM and was presented with the IJ Template. The facility provided an acceptable Removal Plan on 3/30/23, in which they alleged all corrective actions to remove the IJ were completed, and the IJ removed on 3/30/23. The SA validated the Removal Plan on 3/31/23 and determined that the IJ was removed on 3/30/23, prior to exit. Therefore, the scope and severity for CFR 483.21 (b)(1) Comprehensive Care Plans was lowered fro a "J" to a "D" while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Record review of the facility's policy, "Comprehensive Care Plans," revised 08/24/22, revealed, "Policy: It is the policy of this facility to develop and implement a comprehensive person-centered for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing and mental and psychosocial	F 656	Nurses and were completed on 3/29/23. All Nursing Staff were in-serviced on careplans by the Director of Nursing beginning on 3/3/23 and completed on 3/16/23. Additional training was started on 3/28/23 for all staff on careplan implementation and completed on 3/30/23. The Registered Nurse Supervisors or Resident Care Coordinator will complete 5 audits of transfers per week for one month, then 10 transfers per month for 2 months to ensure careplans are being followed. This audit began on 4/12/23. The transfer audits will be monitored and reviewed in the monthly Quality Assessment and Assurance Committee meeting to ensure sustained compliance for 2 months beginning 5/1/23 and ending 6/22/23.	

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needs that are identified in the resident's comprehensive assessment. ...8. Qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions, initially, and when changes are made ..."

Record review of the "Admission Record" revealed the facility admitted Resident #1 on 05/24/2018 with a diagnosis of Unspecified Dementia.

A record review of the Comprehensive Care Plan for Resident #1 revealed a "Focus ... (Proper name of Resident #1) has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) limited mobility secondary to Parkinson's Disease, decreased cognitive status ...Revision on: 07/21/2020" and had "Interventions" including "Transfer: Mech (Mechanical) stand lift x 2 (two) extensive assistance using medium belt to move between surfaces daily and as necessary. Date initiated 11/01/2019..."

On 3/14/23 at 9:44 AM, in an interview with Certified Nurse Assistant (CNAs) #1, she confirmed that she was able to review resident care plans on the kiosk to see the type of transfer residents required. She verified that she did not follow the care plan when she transferred Resident #1 on 2/27/23 around 5:00 PM because she and another CNAs did a pivot transfer rather than transfer Resident #1 with the sit-to-stand lift.

On 3/14/23 at 2:22 PM, an interview with Minimum Data Set (MDS) #2, she stated that Resident #1 had a care plan for staff to use a

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sit-to-stand mechanical lift for transfers. She explained that her expectation is for staff to follow the care plan and that the care plan addressed the needs and safety of residents.

On 3/14/23 at 2:30 PM, in an interview with the Director of Nurses (DON), she revealed that Resident #1 had a care plan for a sit-to-stand lift for transfers. She stated that the CNAs admitted that they did not follow the care plan because they transferred the resident by pivoting instead of using the lift. She said that she expected all staff to follow the residents' care plans, and the purpose of the care plan was to provide each resident with care that was based on their individual needs.

On 3/28/23 at 11:05 AM, an interview with CNAs #4, she confirmed that on 3/1/23, after lunch, she transferred Resident #1 back to her bed via a pivot transfer by herself and did not use the sit-to-stand lift. CNAs #4 stated that she was aware Resident #1 required a sit-to-stand lift with transfers. CNAs #4 revealed she did not follow the care plan of using the sit-to-stand lift on Resident #1 because it was easier that day to perform the pivot transfer alone.

On 3/28/23 at 1:22 PM, in an interview with CNAs #3, she stated that she conducted a pivot transfer on 2/28/23 without assistance on Resident #1 and did not use the sit to stand lift. CNAs #3 revealed she was aware that Resident #1 required a lift for transfers, and she did not follow the care plan. She confirmed that she was aware she should follow the care plans on resident transfers but had no excuse that day.

On 3/28/23 at 3:30 PM, in an interview with the

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Interim Administrator, she stated that she expected the staff to follow the comprehensive care plans for residents and that if a resident is to be transferred with a sit-to-stand lift, then she expected staff to perform the transfer with the lift.

The facility submitted the following acceptable Removal Plan on 3/30/23:

On 3/28/23 at 4:25 PM the State Survey Agency notified the Interim Administrator that the facility failed to ensure 1.) Resident #1 was transferred with the sit-to-stand mechanical lift as determined necessary by the comprehensive care plan 2.) Evaluate and provide pain management for Resident #1. 3.) To implement care plan interventions for Resident #1 when the facility did not transfer her using the sit-to-stand mechanical lift and did not provide pain management for her when she experienced pain.

On 3/28/23 at 4:25 PM the Immediate Jeopardy Templates for F656, F689 and F697 were provided to the Interim Administrator.

At approximately 11:10 AM on Friday, March 3, 2023 the Nurse Practitioner reported that Resident #1 was experiencing bilateral leg pain. X-ray reports revealed bilateral fractures of the Tibia/Fibula. Resident #1 was sent to a local hospital Emergency Room for orthopedic evaluation.

These findings were reported 3/3/23 to the State Survey Agency at 1:03 PM and the State Attorney General at 1:21 PM.

On March 3, 2023, at approximately 11:30 the facility initiated an investigation including staff

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F 656	Continued From page 7	F 656		

interviews, obtaining statements and reviewing video. Because the facility could not determine the date, time or cause of the injury the facility requested that the Attorney General's office assign an investigator to assist in this investigation. The investigator arrived on site on 3/13/23 to initiate their investigation. As of 3/29/23 a specific incident that caused the injury to Resident #1 has not been identified.

Training for ALL nursing staff, prior to working their next scheduled shift:

Beginning on 3/3/23, no nursing staff was allowed to work until completion of training, provided by the Director of Nursing (DON), on the following topics,

Falls and Accidents
Care Plans
Mandatory Lift training video located in the Bedford Care Centers Education Library
Additional training started on 3/28/23, for ALL staff and no staff was allowed to work until trained on the following topics,
Pain Assessment and Management
Accidents
Care Plan Implementation

All training was provided by DON and Staff Development Nurse.

Lift assessments have been completed/updated on all residents due to the fact that all residents who require the use of mechanical lifts have the potential to be affected by use of incorrect lifts. Lift Assessments were completed by Registered Nurse (RN) #1 starting on 3/3/23 and completed on 3/4/23.

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Care plans have been reviewed for all residents who require the use of mechanical lifts. Review was completed by Minimum Data Set (MDS) Nurse #1, started on 3/4/23 and completed on 3/6/23. Review indicated all residents were care planned for the correct lift.

Monitoring for use of appropriate lift, sling/belt is being carried out by the DON. The Lift/Transfer Monitoring Tool is being used to document monitoring and was initiated on 3/28/23.

All residents have been assessed for pain using the Pain Evaluation which includes the pain scale. Assessments were completed on 3/29/23 by the DON and RN #2. The Pain Alert Monitoring log is being used to monitor and audit for pain management and was initiated on 3/28/23. The DON and RCC/IP are responsible for conducting pain management audits.

Care Plans for all residents have been reviewed regarding pain management. The review was completed by MDS Nurse #1 and MDS Nurse #2 on 3/29/23. No resident's care plans required updating.

Audit has been performed for all Resident Kardex. The audit was completed by the assisting Interim Administrator, on 3/3/23. No discrepancies were noted.

Facility lifts have been inspected for proper use and function. Environmentalist/Maintenance Director completed the inspections on 3/10/23. Five (5) sit to stand lifts were inspected. One was removed from service to replace a part related to the switch. Four (4) total/full body lifts were

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inspected with no maintenance required.

Emergency Quality Assurance meetings were conducted on 3/7/23 and 3/29/23. Attending the meetings were Interim Administrator, assisting Interim Administrator, Corporate Nurse, Medical Director, Director of Nursing, Resident Care Coordinator/Infection Preventionist, MDS Nurses, and Social Services. Discussed in the meeting were:
Review of Resident #1 injury identified on 3/3/23
Results/status of investigation
Actions taken including training, monitoring and audits of care plans and assessments of pain and transfer status/lift utilization
Review of policies related to care plans, accidents and injuries, lift utilization and transfer. No changes to policies were recommended or made.

The facility alleges that the Immediate Jeopardy has been removed as of March 30, 2023.

The SA validated the facility's removal plan on 3/31/23:

On 3/31/23, the SA validated through a record review of the meeting sign in sheet and through staff interviews that the facility held a Quality Assurance Performance Improvement (QAPI) Committee meeting on 3/7/23 and 3/29/23.

On 3/31/23, the SA validated through a record review of the meeting sign-in sheet and through staff interviews that the facility held a QAPI meeting on 3/7/23 and 3/29/23 regarding care plans, assessments of pain and transfer status/lift utilization. Review policies related to care plans, accidents, injuries, lift utilization, and transfer.

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F 656	Continued From page 10 On 3/31/23, the SA validated through staff interview and record review that the facility provided education beginning on 3/3/23 for falls, accidents, care plans, and mandatory lift training. The staff attended additional training beginning on 3/28/23 for pain assessment and management, accidents, and care plan implementation. On 3/31/23, the SA validated through staff interviews and record reviews that the facility performed lift assessments and updated all residents who require the use of mechanical lifts. On 3/31/23, the SA validated through staff interviews and record reviews that the facility reviewed care plans for all residents who require the use of mechanical lifts. On 3/31/23, the SA validated through staff interviews and record reviews that the facility monitored the use of the appropriate lift, sling/belt for all residents. On 3/31/23, the SA validated through staff interviews and record reviews that the facility assess all residents for pain using the Pain Evaluation, which includes the pain scale. On 3/31/23, the SA validated through staff interviews and record reviews that the facility all resident care plans have been reviewed regarding pain management. On 3/31/23, the SA validated through staff interviews and record reviews that the facility audited all resident Kardex.	F 656		

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On 3/31/23, the SA validated through staff interviews and record reviews that the facility lifts have been inspected for proper use and function.

On 3/31/23, the SA validated through a record review of the meeting sign-in sheet and through staff interviews that the facility held a Quality Assurance Performance Improvement (QAPI) Committee meeting on 3/7/23 and 3/29/23.

On 3/31/23, the SA validated through a record review of the meeting sign-in sheet and through staff interviews that the facility held a QAPI meeting on 3/7/23 and 3/29/23 regarding care plans, assessments of pain and transfer status/lift utilization. Review policies related to care plans, accidents, injuries, lift utilization, and transfer.

On 3/31/23, the SA validated through staff interview and record review that the facility provided education beginning on 3/3/23 for falls, accidents, care plans, and mandatory lift training. The staff attended additional training beginning on 3/28/23 for pain assessment and management, accidents, and care plan implementation.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility performed lift assessments and updated all residents who require the use of mechanical lifts.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility reviewed care plans for all residents who require the use of mechanical lifts.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility

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F 656	Continued From page 12 monitored the use of the appropriate lift, sling/belt for all residents. On 3/31/23, the SA validated through staff interviews and record reviews that the facility assess all residents for pain using the Pain Evaluation, which includes the pain scale. On 3/31/23, the SA validated through staff interviews and record reviews that the facility all resident care plans have been reviewed regarding pain management. On 3/31/23, the SA validated through staff interviews and record reviews that the facility audited all resident Kardex. On 3/31/23, the SA validated through staff interviews and record reviews that the facility lifts have been inspected for proper use and function.	F 656		
F 689 SS=J	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 interviews, record review, and facility policy review, the facility failed to ensure a resident was free from accident hazards when a resident who was determined to require a sit to stand mechanical lift for transfers was transferred	F 689	The careplan and lift assessment for Resident #1 were updated on 3/3/23. All Residents transferred via mechanical lift have the potential to be affected by the	5/1/23

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F 689	Continued From page 13 without a lift, for one (1) of three (3) sampled residents. Resident #1 The facility's failure to ensure that the resident was transferred with a sit-to-stand mechanical lift resulted in Resident #1 sustaining right and left (bilateral) tibia/fibula (two bones in the lower leg) fractures and placed other residents who required a mechanical lift transfer at risk for sustaining serious injury, serious harm, serious impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 2/27/23 when facility staff transferred Resident #1 using a pivot transfer and did not use the sit-to-stand mechanical lift as required. The facility Administrator was notified of the IJ on 3/28/23 at 4:25 PM and was presented with the IJ Template. The facility provided an acceptable Removal Plan on 3/30/23, in which they alleged all corrective actions to remove the IJ were completed on 3/29/23, and the IJ removed on 3/30/23. The State Agency (SA) validated the Removal Plan on 3/31/23 and determined that the IJ was removed on 3/30/23, prior to exit. Therefore, the scope and severity for CFR 483.25(d)(2) Accidents F689 was lowered from a "J" to an "D" while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: A review of the facility's policy, "Safe Transfer and Lifting of Residents," Revised 8/2/22, revealed,	F 689	deficient practice. Lift assessments have been completed and updated on all Residents by Registered Nurse Supervisor beginning on 3/3/23 and completed on 3/4/23. All Nursing Staff were in-serviced on Falls, Accidents and proper use of mechanical lifts by the Director of Nursing beginning on 3/3/23 and completed on 3/21/23. Additional training was started on 3/28/23 for all staff on Accidents and completed on 3/30/23. The Registered Nurse Supervisor or Resident Care Coordinator will complete 5 audits of transfers per week for one month, then 10 transfers per month for 2 months to ensure the appropriate lift is used for transfers. The transfer began on 4/12/2023.The transfer audits will be monitored and reviewed in the monthly Quality Assessment and Assurance Committee meeting to ensure sustained compliance for 2 months beginning 5/1/23. and ending 6/22/23.	

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"Policy Statement: In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. Policy Interpretation and Implementation I. General Guidelines ...3. Staff is responsible for knowing/following the transfer assessment before transferring any resident. Any deviation from the transfer assessment must be approved by the nurse and documented by the approving nurse ...II Assessment Guidelines:... 9. Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe transfer and lifting of residents. 10. Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance ..."

A record review of the "Admission Record" revealed the facility admitted Resident #1 on 05/24/2018 with a diagnosis of Unspecified Dementia.

A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/2/2023 revealed Resident #1 required extensive two (2) person assistance with transfers.

Record review of the facility's "Change of Transfer Status" form, dated 2/26/20, revealed Resident #1 had a "Current Transfer Status" of "sit to stand lift. Assist of 2. Med (Medium) belt". The form was signed by the Physical Therapist (PT) and a nurse.

Record review and interview on 3/27/23 at 1:01 PM, with Registered Nurse (RN) #2 of the facility's "Lift/Transfer Evaluation", dated 2/2/23,

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revealed that Resident #1 could not bear weight, was not cooperative with transfers, and did not have upper extremity strength. The evaluation was signed by Registered Nurse (RN) #2. She confirmed that she completed the "Lift/Transfer Evaluation" on 2/2/23 for Resident #1. She stated the evaluation is a tool used to determine appropriate transfers for residents. She commented that she completed the evaluation incorrectly because Resident #1 was able to bear weight, cooperative with transfers, and had upper body strength.

A record review of the "Facility Investigation" (undated) revealed, " ...At approximately 11:10 AM on Friday, March 3, 2023 (Proper Name of Nurse Practitioner) came into the conference room to report ... (Proper Name of Resident #1) ...Legs were warm and tender to touch with bruising ...ordered x-rays and an ultrasound. X-rays were obtained and revealed fractures of the right and left tibia/fibula ..."

A record review of the facility's investigation timeline revealed, that on 2/27/23 at 5:13 AM, CNA #1 "Brought resident out of room in wheelchair ...admitted she did not use a lift when getting resident up ...", on 2/28/23 at 5:53 PM, CNA #3, "Entered room ...with resident in w/c (wheelchair), no lift, and then left at 18:10 (6:10 PM) with dirty linens ...", and on 3/1/23 at 12:30 PM, CNA #4, " ...pushed resident into room ... (without a lift) and then came out alone ..."

Record review of the Nurse Practitioner (NP) "Progress Note", dated 3/3/23 revealed, " ...Pt (patient) seen today per facility request for c/o (complain) pain in bilateral legs ...Pt noted to be in pain at time of evaluation ...Pt noted to have

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swelling, erythema (redness), and bruising to bilateral tibia ...X-rays were obtained and revealed fractures of left and right tibia and fibula ..."

Record review of the "Radiology Interpretation" dated 3/3/23 revealed, " ...Left Tibia/Fibula X-ray ...Findings: There is a fracture of the proximal tibia and fibula. There is moderate impaction and angulation. Impression: Fractures of the tibia and fibula with angulation, of uncertain age ...Right Tibia/Fibula X-ray ...Impression: Fractures of the tibia and fibula of uncertain age ..."

On 3/13/23 at 11:00 AM, in an interview with the Interim Administrator, she stated that on 3/3/23, the NP informed the staff at the facility that Resident #1 had a bilateral fracture of the tibia and fibula. The facility transferred Resident #1 to the local Emergency Department (ED) and immediately began their investigation. During their investigation that began on 3/3/23, the facility interviewed staff and watched surveillance videos, and reviewed all staff that were assigned to Resident #1. The Interim Administrator confirmed the facility is unclear on how the resident received the fractures but discovered that several employees did not use the sit-stand-lift while transferring the resident.

On 3/13/23 at 11:20 AM, an interview with the Director of Nurses (DON) revealed that on 3/3/23, Resident #1 sustained bilateral fractures of the tibia and fibula. During the investigation, the facility discovered that several Certified Nurse Assistants (CNAs) transferred the resident without using the sit-to-stand mechanical lift and conducted pivot transfers instead. The DON expressed it was "strange" that Resident #1 had

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fractures on both legs in the same area, and she thought it could have been caused by the sit-to-stand lift, but she was not sure.

On 3/13/23 at 12:00 PM, during an interview with the Nurse Practitioner (NP), she said that a nurse notified her on 3/3/23 that Resident #1 had bruising and pain in both legs. She assessed Resident #1 and confirmed that both her lower extremities had swelling, erythema, and bruising and the injuries were in the same area on both legs. She stated that she ordered bilateral x-rays, which showed Resident #1 had left and right tibia/fibula fractures. She then requested that the resident be sent to the local ER. The NP confirmed there were no injuries or falls reported to her regarding Resident #1 and she was unclear how the accident occurred.

On 3/14/23 at 9:44 AM, in an interview with Certified Nurse Assistant (CNA) #1, she stated that on 2/27/23 around 5:00 AM, she did not use the sit-to-stand lift when transferring the Resident #1, but instead got another CNA to help pivot transfer her from the bed to her wheelchair. CNA #1 said that she normally used the lift, but she "did it the easy way".

On 3/14/23 at 10:00 AM, in an interview with CNA #2, she confirmed that she assisted CNA #1 with a pivot transfer on Resident #1 on 2/27/23 and they did not use the sit-to-stand lift.

On 3/28/23 at 11:05 AM, an interview with CNA #4 revealed that on 3/1/23, after lunch, she transferred Resident #1 back to her bed. She stated she did a pivot transfer by herself and did not use the sit-to-stand lift. She explained that Resident #1 was weight-bearing and was able to

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help with the transfer. CNA #4 expressed she was aware Resident #1 required a sit-to-stand lift with transfers, but Resident #1 was an easy pivot transfer and the resident assist with the transfer. CNA #4 stated she conducted a pivot transfer by herself.

On 3/28/23 at 1:22 PM, in an interview with CNA #3, she stated that she broke protocol and did not use the sit to stand lift during the transfer of Resident #1 on 2/28/23. She said that she used a pivot transfer to transfer Resident #1 from her wheelchair to her bed and did not have assistance with the transfer. CNA #3 revealed she was aware that Resident #1 required a lift for transfers, but she performed the transfer alone because Resident #1 was not a big person and was easy to transfer.

On 3/27/23 at 4:21 PM, an interview with CNA #5 revealed that on 3/2/23 at 3:00 PM, she assisted with transferring Resident #1 from her wheelchair to her bed using the sit-to-stand mechanical lift. She explained that during the transfer, Resident #1 began "hollering" in pain. Another CNA assisted with the transfer and they both noticed that Resident #1's legs were bruised. They notified Licensed Practical Nurse (LPN) #1 and she came and looked at her legs. CNA #5 said that Resident #1 was in tears around 10:15 PM that night and complained of pain in her legs. CNA #5 stated, "This was different for her" and they reported it to the nurse.

On 3/28/23 at 8:29 AM, in an interview with CNA #6, she stated that Resident #1 was up, dressed, and in her wheelchair on 3/2/23 during the day shift. She said Resident #1 often requested pain medication for pain to her legs and hip, and often

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requested to have her "peri-pad" changed throughout the day. However, on 3/2/23, Resident #1 complained of pain but did not request her peri-pad to be changed, which was unusual for her. On 3/2/23 at 3:00 PM, CNA #6 confirmed that she assisted other CNAs with transferring Resident #1 back to bed with the lift and Resident #1 complained of pain during the transfer. CNA #6 said that they noticed the resident's legs were blue and swollen and went to get the nurse.

On 3/28/23 at 8:36 AM, an interview with CNA #7, she confirmed that on 3/2/23 in the afternoon about 3:00 PM before getting off that day, Resident #1 complained that her legs were hurting, and was "hollering out loud" when she was transferred with the sit-to-stand lift from her wheelchair to the bed, which was not normal for her. CNA #7 confirmed that the resident's legs had bruising and that it was reported to LPN #1.

On 3/28/23 at 3:30 PM, an interview Interim Administrator revealed she expected the staff to follow the recommended transfer evaluation and if the evaluation indicated resident should be transferred with a sit-to-stand lift, then the staff should perform the transfer using the lift.

The facility submitted the following acceptable Removal Plan on 3/30/23:

On 3/28/23 at 4:25 PM the State Survey Agency notified the Interim Administrator that the facility failed to ensure 1.) Resident #1 was transferred with the sit-to-stand mechanical lift as determined necessary by the comprehensive care plan 2.) Evaluate and provide pain management for Resident #1. 3.) To implement care plan

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interventions for Resident #1 when the facility did not transfer her using the sit-to-stand mechanical lift and did not provide pain management for her when she experienced pain.
On 3/28/23 at 4:25 PM the Immediate Jeopardy Templates for F656, F689 and F697 were provided to the Interim Administrator.
At approximately 11:10 AM on Friday, March 3, 2023, the Nurse Practitioner reported that Resident #1 was experiencing bilateral leg pain. X-ray reports revealed bilateral fractures of the Tibia/Fibula. Resident #1 was sent to a local hospital Emergency Room for orthopedic evaluation.

These findings were reported 3/3/23 to the State Survey Agency at 1:03 PM and the State Attorney General at 1:21 PM.

On March 3, 2023, at approximately 11:30 the facility initiated an investigation including staff interviews, obtaining statements and reviewing video. Because the facility could not determine the date, time or cause of the injury the facility requested that the Attorney General's office assign an investigator to assist in this investigation. The investigator arrived on site on 3/13/23 to initiate their investigation. As of 3/29/23 a specific incident that caused the injury to Resident #1 has not been identified.

Training for ALL nursing staff, prior to working their next scheduled shift:
Beginning on 3/3/23, no nursing staff was allowed to work until completion of training, provided by the Director of Nursing (DON), on the following topics,
Falls and Accidents
Care Plans

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Mandatory Lift training video located in the Bedford Care Centers Education Library
Additional training started on 3/28/23, for ALL staff and no staff was allowed to work until trained on the following topics,
Pain Assessment and Management
Accidents
Care Plan Implementation
All training was provided by DON and Staff Development Nurse.

Lift assessments have been completed/updated on all residents due to the fact that all residents who require the use of mechanical lifts have the potential to be affected by use of incorrect lifts. Lift Assessments were completed by Registered Nurse (RN) #1 starting on 3/3/23 and completed on 3/4/23.

Care plans have been reviewed for all residents who require the use of mechanical lifts. Review was completed by Minimum Data Set (MDS) Nurse #1, started on 3/4/23 and completed on 3/6/23. Review indicated all residents were care planned for the correct lift.
Monitoring for use of appropriate lift, sling/belt is being carried out by the DON. The Lift/Transfer Monitoring Tool is being used to document monitoring and was initiated on 3/28/23.

All residents have been assessed for pain using the Pain Evaluation which includes the pain scale. Assessments were completed on 3/29/23 by the DON and RN #2. The Pain Alert Monitoring log is being used to monitor and audit for pain management and was initiated on 3/28/23. The DON and RCC/IP are responsible for conducting pain management audits.

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Care Plans for all residents have been reviewed regarding pain management. The review was completed by MDS Nurse #1 and MDS Nurse #2 on 3/29/23. No resident's care plans required updating.

Audit has been performed for all Resident Kardex. The audit was completed by the assisting Interim Administrator, on 3/3/23. No discrepancies were noted.

Facility lifts have been inspected for proper use and function. Environmentalist/Maintenance Director completed the inspections on 3/10/23. Five (5) sit to stand lifts were inspected. One was removed from service to replace a part related to the switch. Four (4) total/full body lifts were inspected with no maintenance required.

Emergency Quality Assurance meetings were conducted on 3/7/23 and 3/29/23. Attending the meetings were Interim Administrator, assisting Interim Administrator, Corporate Nurse, Medical Director, Director of Nursing, Resident Care Coordinator/Infection Preventionist, MDS Nurses, and Social Services. Discussed in the meeting were:
Review of Resident #1 injury identified on 3/3/23
Results/status of investigation
Actions taken including training, monitoring and audits of care plans and assessments of pain and transfer status/lift utilization
Review of policies related to care plans, accidents and injuries, lift utilization and transfer. No changes to policies were recommended or made.

The facility alleges that the Immediate Jeopardy has been removed as of March 30, 2023.

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The SA validated the facility's removal plan on 3/31/23:

On 3/31/23, the SA validated through record review of the meeting sign in sheet and through staff interviews that the facility held a Quality Assurance Performance Improvement (QAPI) Committee meeting on 3/7/23 and 3/29/23.

On 3/31/23, the SA validated through record review of the meeting sign-in sheet and through staff interviews that the facility held a QAPI meeting on 3/7/23 and 3/29/23 regarding care plans, assessments of pain, and transfer status/lift utilization. Review policies related to care plans, accidents, injuries, lift utilization, and transfer.

On 3/31/23, the SA validated through staff interview and record review that the facility provided education beginning on 3/3/23 for falls, accidents, care plans, and mandatory lift training. The staff attended additional training beginning on 3/28/23 pain assessment and management, accidents and care plan implementation.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility performed lift assessments and updated all residents who require the use of mechanical lifts.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility reviewed care plans for all residents who require the use of mechanical lifts.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility

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F 689	Continued From page 24 monitored the use of the appropriate lift, sling/belt for all residents. On 3/31/23, the SA validated through staff interviews and record reviews that the facility assesses all residents for pain using the Pain Evaluation, which includes the pain scale. On 3/31/23, the SA validated through staff interviews and record reviews that the facility all resident care plans have been reviewed regarding pain management. On 3/31/23, the SA validated through staff interviews and record reviews that the facility audited all resident Kardex. On 3/31/23, the SA validated through staff interviews and record reviews that the facility lifts have been inspected for proper use and function.	F 689		
F 697 SS=J	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to evaluate and provide pain management for a resident who sustained bilateral lower leg fractures for one (1) of three (3) sampled residents. (Resident #1) The failure to evaluate and provide pain	F 697	Resident #1 had Ultram and Norco ordered PRN and received pain medication as needed. All Residents have the potential to be affected by the deficient practice.	5/1/23

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F 697	Continued From page 25 management caused Resident #1 to experience avoidable pain and is likely to prevent other residents who require pain management the ability to attain or maintain their highest practicable level of well-being and is likely to cause serious injury, serious harm, or serious impairment. The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 3/1/23 when facility staff reported that Resident #1 was yelling out in pain, hollering, screaming, and crying. The facility Administrator was notified of the IJ on 3/28/23 at 4:25 PM and was presented with the IJ Template. The facility provided an acceptable Removal Plan on 3/30/23, in which they alleged all corrective actions to remove the IJ were completed on 3/29/23, and the IJ removed on 3/30/23. The State Agency (SA) validated the Removal Plan on 3/31/23 and determined that the IJ was removed on 3/30/23, prior to exit. Therefore, the scope and severity for CFR 483.25(d)(1) Pain Management (F697) was lowered to a "D" while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: A review of the facility's policy, "Pain Assessment and Management" Revised 8/2/22, revealed, "Purpose: The purposes of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain ...3. Pain management	F 697	All nursing staff were trained on pain assessment and management by the Director of Nursing and Staff Development Nurse on 3/28/23 and completed on 3/30/23. All Residents have been assessed for pain using the Pain Evaluation. The assessments were completed on 3/29/23 by the Director of Nursing and Registered Nurse Supervisor. The newly developed Pain Alert Monitoring Log tool is being used daily to monitor and audit for pain management and was initiated on 3/28/23. The Resident alerts of pain documentation in Point Click Care will be monitored daily beginning on 3/29/2023, by the Director of Nursing, for all Residents for 2 months. The Pain Alert Monitoring Log will be monitored and reviewed in the Quality Assessment and Assurance Committee meeting to ensure sustained compliance for 2 months beginning 5/1/23 and ending 6/22/23.	

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is a multidisciplinary care process that includes ...a. Assessing the potential for pain; b. Effectively recognizing the presence of pain; c. Identifying the characteristics of pain; d. Addressing the underlying causes of pain ...g. Monitoring for the effectiveness of interventions ...5. Conduct a comprehensive pain assessment ...when there is onset of new pain or worsening of existing pain. 6. Assess the resident's pain and consequences of pain at least each shift for acute pain or significant changes in levels of chronic pain ..."

On 3/27/23 at 11:45 AM, an interview with the Director of Nurses (DON) revealed that on 3/3/23, Resident #1 had bruising and complained of pain in her legs. She received x-rays that showed bilateral fractures of the tibia and fibula. She explained the facility was unsure of how or exactly when the fractures occurred. She stated that she expected her staff to assess residents for pain every shift, record details related to pain in the progress notes, and administer pain medication as prescribed. The DON said that the nurse should follow up with the resident within one (1) hour of administration of pain medication to determine if the medication was effective and if pain medication is not prescribed or is not effective for a resident, she expected the nurse to notify the physician. The DON explained that Resident #1 used a wheelchair (wc) to move about the facility. The wc had bilateral footrests for her feet, but she used her arms to propel herself. She added that normally when Resident #1 was in pain, she used her call light and asked for her "pain pill," which meant "Tylenol." She usually complained of pain in her right hip and knee. The DON revealed that she was not sure if Resident #1's cognition affected her ability to accurately describe her pain, such as location

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and intensity using a numeric scale.

3/1/23

On 3/28/23 at 8:50 AM, in an interview with LPN #3, she stated that on 3/1/23, she worked from 7:00 AM to 7:00 PM. When she arrived at work that morning, Resident #1 was up and moving around in her wheelchair. Around 5:00 PM, Resident #1 was in bed and complained of hip pain, which was not unusual. She explained that she gave Resident #1 Tylenol for the pain but forgot to document the administration on the MAR or in the nurse's notes.

On 3/28/23 at 9:16 AM, an interview with CNA #1, she stated that on 3/1/23 during the 11:00 PM to 7:00 AM shift, she heard Resident #1 "hollering and crying in pain throughout the night", and she reported it to the nurse.

3/2/23

During an interview with CNA #2 on 3/28/23 at 9:35 AM, she stated that she remembered Resident #1 "yelling out in pain" during the early morning hours on 3/2/24. She explained that Resident #1 often complained of pain, but "this was a different type of complaint." She said she told the nurse and the nurse stated she would give the resident pain medication.

On 3/28/23 at 9:25 AM, in an interview with CNA #8, she stated that on her early morning rounds on 3/2/23, Resident #1 was complaining of pain in her legs, so she and another CNA got her up with the sit-to-stand lift. During the transfer, Resident #1 still complained of pain. CNA #8 explained that it was not unusual for Resident #1 to get up

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early and she took the resident to the nurses' station to report her pain. The nurse said she would give her pain medication. CNA #8 commented that Resident #1 was "squirming around and agitated."

On 3/27/23 at 4:29 PM, an interview with Licensed Practical Nurse (LPN) #2, she stated that on 3/2/23 at 6:45 AM, she was informed by a CNA that Resident #1 was up and dressed, in her wheelchair, and had complained of pain in her legs. LPN #2 gave the resident Ultram 50 mg by mouth on 3/2/23 at 6:45 AM. LPN #2 said that the resident was up and dressed, so she did not notice if she had any bruising on her lower extremities. LPN #2 explained that when a pain pill is given to a resident, the process at the facility is to evaluate and document the pain and to follow up with the resident at least one (1) hour following the administration of the medication to determine if the pain medication was effective. LPN #2 confirmed that Resident #1 was able to tell the staff a number related to her pain intensity, even though she had low cognition.

On 3/27/23 at 4:21 PM, an interview with CNA #5 revealed that on 3/2/23 at 3:00 PM, she assisted with transferring Resident #1 from her wheelchair to her bed and explained that during the transfer, Resident #1 began "hollering" in pain. CNA #5 confirmed they notified Licensed Practical Nurse (LPN) #1 and she came and looked at her legs. CNA #5 said that Resident #1 was in tears around 10:15 PM that night and complained of pain in her legs. CNA #5 stated, "This was different for her" and they reported it to the nurse.

On 3/28/23 at 8:29 AM, in an interview with CNA #6, she stated that on 3/2/23 at 3:00 PM,

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Resident #1 complained of pain in both legs, was upset, and crying while she was being transferred with the lift. CNA #6 also commented that the resident was up in her chair all day, which was unusual because she did not ask for her peri-pad to be changed and she refused her bath.

On 3/28/23 at 8:36 AM, an interview with CNA #7, she confirmed that on 3/2/23 in the afternoon about 3:00 PM, Resident #1 complained that her legs were hurting, and was "hollering out loud" when she was transferred with the sit-to-stand lift from her wheelchair to the bed, which was not normal for her. CNA #7 revealed she reported the resident's complaints of pain to LPN #1.

On 3/29/23 at 9:00 AM, during an interview with LPN #1, she stated that on 3/2/23 at 3:00 PM, a CNA reported that Resident #1 had pain while being transferred to the bed. She said that she assessed the resident, and when she removed the resident's sock, "she let out with a loud burst, not a scream, like my fingernails may have tickled her or something." LPN #1 explained that she is an agency nurse, and this was her first day to work with Resident #1. She said that the CNA told her that something was wrong with Resident #1, but after her assessment, the resident did not complain of pain and did not have facial expressions of pain. She stated that she was in the process of administering routine medications and she thought the resident had Gabapentin (medication used for neuropathy) pain medication ordered with her routine medications. LPN #1 commented that she "probably gave her Tylenol also, just forgot to chart it."

On 3/28/23 at 3:30 PM, in an interview with the Interim Administrator, she stated that she

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expected the staff to give pain medications as prescribed by the physician and to follow up with the physician if the pain was not relieved.

A record review of the "Admission Record" revealed the facility admitted Resident #1 on 05/24/2018 with a diagnosis of Unspecified Dementia.

A record review of the "Order Summary Report" with orders as of 3/1/23, for Resident #1, revealed a Physician's Order, dated 3/19/20, for "Acetaminophen Table 325 MG (Milligrams) Give 2 tablet by mouth every 4 hours as needed for fever, headache, mild pain." Resident #1 also had a Physician's Order, dated 3/19/20 for, "Gabapentin Capsule 100 MG Give 1 capsule by mouth at bedtime for pain" and a Physician's Order, dated 1/19/21, for "Ultram Tablet 50 MG ...Give 50 mg by mouth every 8 hours as needed for moderate pain."

A record review of the "Medication Administration Record", for 3/1/23 through 3/31/23, revealed "Ultram Table 50 MG" was administered to Resident #1 on 3/2/23 at 6:39 AM with a Pain Level of 3, and on 3/3/23 at 6:45 AM with a Pain Level of 10. There was no documentation that Tylenol was administered on 3/1/23 or 3/2/23 for pain.

A record review of the facility's "Progress Notes" for Resident #1 revealed an "Administration Note", at 6:39 AM on 3/2/23 for "Ultram Table 50 MG). There was no documentation which evaluated the description or location of the pain. Further review revealed an "Administration Note", at 4:09 PM on 3/2/23 for "PRN (As needed) Administration was: Effective" which indicated

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the pain medication that was administered at 6:39 AM was not evaluated for effectiveness until 4:09 PM. Review of the progress notes revealed there was no other documentation regarding the resident's pain until 3/3/23.

Record review of the facility's investigation, "Interviews Conducted on 3/7/23 ..." revealed CNA #1, " ...Wed 3/1- Heard resident "hollering all night" (3/1 into 3/2). Resident requested pain meds. Thurs 3/2 - Resident was still complaining with pain Thursday morning - leg looked a little swollen." CNA #2, " ...Wed 3/1 - Remembers resident yelling out in pain during the early morning hours. Resident frequently complains of pain but this was different. Told (Proper Name of LPN #2); nurse stated resident had already received pain meds. Thurs 3/2 - Resident was in w/c complaining that her hip was hurting." CNA #8, " ...Thurs 3/2 - Resident complained of legs hurting - had already received pain meds; started screaming 3:30 - 4 AM; put her in w/c and rolled to nurses station ..." CNA #6, " ...Resident began to complain that her legs were hurting. While changing brief, took off pants and saw that legs were blue and swollen ..." CNA #5, " ... Thurs 3/2 - went to resident's room ...(Proper Name of Resident #1) stated her leg hurt and that she wanted to go to bed ...noticed resident's legs looked bruised ...notified (Proper Name of LPN #1). This was (Proper Name of LPN #1) first day to work in the facility and she was not familiar with this resident (or any residents) ...", CNA #7, " ...resident stated leg was hurting. (Proper name of CNA #7) told resident nurse would give her pain meds ...she noticed bruising on legs ...went to get a nurse to check resident's legs ...", LPN #1, " ...Thurs 3/2; approx. 3 PM - (Proper Name of CNA #3) reported resident's legs were hurting

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and "something didn't look right" ...resident did not verbalize any pain nor show facial expressions. Lower extremities only revealed visible veins. No redness, bleeding or bruising noted. Nothing else was reported to me about the patient ...", CNA #4, " ...says resident requested to go to bed shortly after lunch and that this was not an extra ordinary request ...says resident did not complain about legs, says she did use the lift, and another C.N.A. assisted her but she cannot recall who that would have been. Surveillance video shows that (Proper Name of CNA #4) pushed resident into room 212 at 12:39 PM and then came out alone, returning moments later with an underpad. At 12:45 (Proper Name of CNA #4) came out alone, with dirty linen bag ..."

Record review of the handwritten statement from CNA #2, dated 3/6/23, revealed, " ...hear someone yelling it was coming from the 200 hall. We all got up to see who it was. It was (Proper Name of Resident #1) yelling that her hip and her legs were hurting. We all told the nurse (Proper Name of LPN #2) and the nurse stated that she already give (Proper Name of Resident #1) something for pain ..."

Record review of the handwritten statement from CNA #5, dated 3/3/23, revealed ..."I came in about 2:55/3:00 PM on 3-2-23 ...stated her leg hurt ...So they put her back on bed took her pants down and noticed her legs was bruised looking. I went and got nurse ...I checked her after diner around 6:45/6:50 (PM) she didn't show any signs of pain but my last rounds around 10:15/10:20 (PM) she (Resident #1) was almost in tears screaming I knew then something wasn't right ... she always complain of her right leg and hip but

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this was different. Legs both right and left was a blueish looking color almost like her vein or something was popped out. Wasn't freshly looking color like its been there some days or something to me."

Record review of the handwritten statement from CNA #6, dated 3/3/23, revealed, "I came in at 3-2-23 7:22 in the morning ...So she started to complain that her legs were hurted, so we changed her brief and I took off her pant after we layed her down that when I say her legs were looking blue and swollen ..."

Record review of the handwritten statement from CNA #7, dated 3/3/23, revealed, " ...Resident #1 said her leg was hurting CNA #6 saw noticed her legs were bruised we put her in the bed, CNA #5 went and got the nurse checked her legs over ..."

Record review of the handwritten statement from CNA #8, dated 3/3/23, revealed, "I came in at 11 p.m ....(Proper Name of Resident #1) was complaining about leg pain and that the pain was down her right side ...I told the nurse that she asked for medication and the nurse stated "I already gave her meds and it will be six hours before she will get anymore. Throughout the night she complained and relayed the message to the nurse. She stated, "I already gave her meds. This was 3/1/23 ...3/2/23 approx (approximately) 0445 (4:45 AM) I decided to get her up early on my rounds, because she was still complaining I used the sit to stand. I brought her to nurse station. After she was squirming around and agitated (Proper Name of CNA #1) and I took her to her room to check her brief while sitting in the chair ..."

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The facility submitted the following acceptable Removal Plan on 3/30/23:

On 3/28/23 at 4:25 PM the State Survey Agency notified the Interim Administrator that the facility failed to ensure 1.) Resident #1 was transferred with the sit-to-stand mechanical lift as determined necessary by the comprehensive care plan 2.) Evaluate and provide pain management for Resident #1. 3.) To implement care plan interventions for Resident #1 when the facility did not transfer her using the sit-to-stand mechanical lift and did not provide pain management for her when she experienced pain.

On 3/28/23 at 4:25 PM the Immediate Jeopardy Templates for F656, F689 and F697 were provided to the Interim Administrator.
At approximately 11:10 AM on Friday, March 3, 2023 the Nurse Practitioner reported that Resident #1 was experiencing bilateral leg pain. X-ray reports revealed bilateral fractures of the Tibia/Fibula. Resident #1 was sent to a local hospital Emergency Room for orthopedic evaluation.

These findings were reported 3/3/23 to the State Survey Agency at 1:03 PM and the State Attorney General at 1:21 PM.

On March 3, 2023, at approximately 11:30 the facility initiated an investigation including staff interviews, obtaining statements and reviewing video. Because the facility could not determine the date, time or cause of the injury the facility requested that the Attorney General's office assign an investigator to assist in this investigation. The investigator arrived on site on 3/13/23 to initiate their investigation. As of

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F 697	Continued From page 35 3/29/23 a specific incident that caused the injury to Resident #1 has not been identified. Training for ALL nursing staff, prior to working their next scheduled shift: Beginning on 3/3/23, no nursing staff was allowed to work until completion of training, provided by the Director of Nursing (DON), on the following topics, Falls and Accidents Care Plans Mandatory Lift training video located in the Bedford Care Centers Education Library Additional training started on 3/28/23, for ALL staff and no staff was allowed to work until trained on the following topics, Pain Assessment and Management Accidents Care Plan Implementation All training was provided by DON and Staff Development Nurse. Lift assessments have been completed/updated on all residents due to the fact that all residents who require the use of mechanical lifts have the potential to be affected by use of incorrect lifts. Lift Assessments were completed by Registered Nurse (RN) #1 starting on 3/3/23 and completed on 3/4/23. Care plans have been reviewed for all residents who require the use of mechanical lifts. Review was completed by Minimum Data Set (MDS) Nurse #1, started on 3/4/23 and completed on 3/6/23. Review indicated all residents were care planned for the correct lift.	F 697		

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Monitoring for use of appropriate lift, sling/belt is being carried out by the DON. The Lift/Transfer Monitoring Tool is being used to document monitoring and was initiated on 3/28/23.

All residents have been assessed for pain using the Pain Evaluation which includes the pain scale. Assessments were completed on 3/29/23 by the DON and RN #2. The Pain Alert Monitoring log is being used to monitor and audit for pain management and was initiated on 3/28/23. The DON and RCC/IP are responsible for conducting pain management audits.

Care Plans for all residents have been reviewed regarding pain management. The review was completed by MDS Nurse #1 and MDS Nurse #2 on 3/29/23. No resident's care plans required updating.

Audit has been performed for all Resident Kardex. The audit was completed by the assisting Interim Administrator, on 3/3/23. No discrepancies were noted.

Facility lifts have been inspected for proper use and function. Environmentalist/Maintenance Director completed the inspections on 3/10/23. Five (5) sit to stand lifts were inspected. One was removed from service to replace a part related to the switch. Four (4) total/full body lifts were inspected with no maintenance required.

Emergency Quality Assurance meetings were conducted on 3/7/23 and 3/29/23. Attending the meetings were Interim Administrator, assisting Interim Administrator, Corporate Nurse, Medical Director, Director of Nursing, Resident Care Coordinator/Infection Preventionist, MDS Nurses,

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and Social Services. Discussed in the meeting were:
Review of Resident #1 injury identified on 3/3/23
Results/status of investigation
Actions taken including training, monitoring and audits of care plans and assessments of pain and transfer status/lift utilization
Review of policies related to care plans, accidents and injuries, lift utilization and transfer. No changes to policies were recommended or made.

The facility alleges that the Immediate Jeopardy has been removed as of March 30, 2023.

The SA validated the facility's removal plan on 3/31/23:

On 3/31/23, the SA validated through record review of the meeting sign in sheet and through staff interviews that the facility held a Quality Assurance Performance Improvement (QAPI) Committee meeting on 3/7/23 and 3/29/23.

On 3/31/23, the SA validated through record review of the meeting sign-in sheet and through staff interviews that the facility held a QAPI meeting on 3/7/23 and 3/29/23 regarding care plans, assessments of pain, and transfer status/lift utilization. Review policies related to care plans, accidents, injuries, lift utilization, and transfer.

On 3/31/23, the SA validated through staff interview and record review that the facility provided education beginning on 3/3/23 for falls, accidents, care plans, and mandatory lift training. The staff attended additional training beginning on 3/28/23 pain assessment and management,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255328	A. BUILDING _____ B. WING _____	C 03/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

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accidents and care plan implementation.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility performed lift assessments and updated all residents who require the use of mechanical lifts.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility reviewed care plans for all residents who require the use of mechanical lifts.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility monitored the use of the appropriate lift, sling/belt for all residents.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility assess all residents for pain using the Pain Evaluation, which includes the pain scale.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility all resident care plans have been reviewed regarding pain management.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility audited all resident Kardex.

On 3/31/23, the SA validated through staff interviews and record reviews that the facility lifts have been inspected for proper use and function.