STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355106	A. BUILDING _____ B. WING _____	C 04/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD HEALTH CONTINUING CARE CENTER OFF COLLINS	201 14TH STREET NW MANDAN, ND 58554

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F 000	INITIAL COMMENTS For the complaint survey completed on April 8, 2014, the sample included 7 current residents and 1 closed record for review.	F 000	**F-323: Free of Accident Hazards** It is the intent of Sanford off Collins to remain in compliance with F-323 and provide adequate supervision and	
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, review of the facility's abuse/neglect investigation, and staff interview, the facility failed to provide assistive devices and supervision necessary to prevent accidents for 1 of 1 sampled resident (Resident #1) who received an injury during a Hoyer (a full body mechanical lift) transfer. Failure to follow Resident #1's care plan and ensure adequate assistance and supervision during the transfer resulted in a laceration to Resident #1's lower leg which required emergency medical intervention. Findings include: Review of the facility policy titled "Use of Standing and Total Lifts - General Guidelines" occurred on 04/08/14. This policy, dated, 06/19/09, stated, ". . . Nursing associates identify the need for use of a standing lift or a total lift device. This is specified	F 323	assistance devices to prevent accidents as evidenced by the following: The Use of Standing and Total Lifts-General Guidelines P & P was reviewed and revised. Education is scheduled for CNA staff the week of 5-5-14 and licensed nursing 5-9-14. Education will include The Use of Standing and Total Lifts – General guidelines P & P, following care plans in regards to transfers, notification of licensed nurse or therapist for changes in residents status so the best method of transfer can be assessed if different than care plan, and competency completion on correct use of a total lift (transferring to/from bed & transferring to/from shower). All off Collins residents transferred with a total lift have the potential to be affected. These residents care plans will be reviewed/updated for best method of transfer, with attention to bathing on or before 5-13-14. Resident #1 has been discharged and is no longer at the facility. To insure that the total lift is used correctly QI monitoring will be completed starting the week of 5-5-14 by the CQI Coordinator and/or her designee using	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mindy Marcus	Administrator	5-6-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	Continued From page 1 on the resident's individualized care plan and conveyed to the staff caring for the resident. 2. Physical or Occupational therapists are consulted as necessary to determine the proper lift necessary for use with a resident. . . . Assistance necessary to accomplish a safe transfer is identified on admit, with each MDS [Minimum Data Set], and PRN [as needed] when there is a change in condition. . . ." Review of Resident #1's medical record occurred on 04/08/14. Diagnoses included lymphedema, a history of cellulitis, congestive heart failure, and diabetes. A Physical Therapy (PT) evaluation, dated 04/03/14, stated, ". . . Transfers . . . (Hoyer in out of bed and EZ stand [a mechanical sit to stand lift] from wheelchair to/from commode.) . . . Clinical impressions: Resident is very weak and has not been up on her feet in about 2 weeks without the use of a standing lift. She wants to be moving and able to use the bathroom again and do some limited walking and get in and out of the wheelchair. These are realistic and atainable [sic] goals that we can work toward even within the limits of her medical diagnosis. . . ." Resident #1's current/initial care plan, dated 04/03/14, stated, ". . . EZ Stand [with] 2 to shower chair from wheelchair. . . . Hoyer in/out of bed to/from w/c . . ." Nurses' notes stated the following: *04/03/14 at 4:20 p.m.: ". . . At this time will be hoyer in/out of bed to/from w/c [wheelchair]. EZ stand with 2 assist to commode and shower chair. Place a pillow between knees and lift pad make sure to use leg strap. . . ."	F 323	the CQI worksheets titled Use of Total Lift Hoyer – Bed and Use of Total Lift Hoyer - Shower. Ten observations of staff using the total lift will be done weekly X4 and then monthly X5. Results of the QI Monitoring will be reviewed as part of the monthly CQI meetings and then summarized at the Quarterly meeting to be held with the Medical Director in attendance. The need for further monitoring will be determined based upon these results. Attachments: 1. Use of Standing and Total Lifts-general Guidelines P & P revised 2. Total Lift Competency – Bed 3. Total Lift Competency – Shower 4. QI Worksheet-Use of Total Lift Hoyer – Bed 5. QI Worksheet – Use of Total Lift Hoyer – Shower Date Certain: 5-13-14	

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F 323	Continued From page 2 *04/05/14 at 5:39 p.m.: ". . . Resident received laceration to left lower leg during transfer . . . received order to send to ER [emergency room] for evaluation. . . ." *04/05/14 at 11:44 p.m.: ". . . ER staff called for progress of resident and they reported at 2230 [10:30 p.m.] that resident will be admitted to [facility name] hospital. . . ." The Emergency Department (ED) Provider Notes, dated 04/06/14, stated, ". . . Patient is at the Care Center and was being assisted with Hoyer lift out of the bath tub. Somehow her LLE [left lower extremity] got 'caught' in the lift and she sustained a large, gaping laceration of the medial [middle] left calf. This happened just prior to transport here by ambulance. . . . The left lower extremity has a curvilinear [a curved line] laceration measuring maybe 12 inches in length . . . The wound was found to extend into the extensive subcutaneous fat but not to the muscle or fascia. . . . After about 20 minutes of attempting to pull the wound edge together with subcutaneous sutures, I aborted the procedure and decided it might be best to have [plastic surgeon] come in and close this wound. . . . Diagnosis: complex laceration LLE . . . Plan: Plastics closure and admission. . . ." The facility's investigation regarding Resident #1's skin tear occurring on 04/05/14 identified the following: *Statement from witness (CNA #2): ". . . [CNA #3] [and] I felt that she was too tired after her shower [and] we felt that she wouldn't be able to tolerate the EZ stand so we used the hoyer instead. There is a lip or shelf getting in or out of the shower [and] we had to use some muscle to get her over the lip of the shower. Her leg split wide	F 323		

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F 323	Continued From page 3	F 323		

open without even hitting a sharp edge on the lift. It was a rounded edge on the hoyer. . . ."
*Statement from witness (CNA #3): ". . . After conversing with [CNA #2], it was mutually determined that a hot, steamy, relaxing shower combined with a full day of getting in and out of bed, and visiting with kids and grandkids, had exacerbated an already sick and weakened woman. It was therefore determined that it would be prudent to forgo the EZ Stand in favor of the hoyer lift. Upon lifting [Resident #1] out of the shower chair we had to pull the machine up over the shower threshold. At this point [Resident #1] swung forward just a few inches and her left calf struck the motor casing of the hoyer. . . ."

During an interview on 04/08/14 at 12:40 p.m., the CNA (#3) stated Resident #1 used a Hoyer lift to transfer in and out of bed, and an EZ Stand for other transfers. The CNA stated he and the other CNA (#2) decided Resident #1 seemed "weak," and it would be better to use the Hoyer lift to transfer her from the shower chair. The CNA stated Resident #1 "was just too much for the lady who was helping me [CNA #2] to handle, her legs were swaying and hit the left side of the lift." The CNA (#3) further stated they really had to "yank" the lift due to Resident #1's size and the "lip" on the edge of the shower.

During an interview on the morning of 04/08/14, a supervisory nurse (#1) stated Resident #1 used a Hoyer lift to get in and out of bed, and a stand lift the rest of the time.

During an interview on 04/08/14 at 3:20 p.m., a supervisory nurse (#1) stated PT assesses residents to determine the appropriate transfer method, but nurses can also assess residents if

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F 323	Continued From page 4 the therapists are not available. The nurse also stated CNAs are taught to communicate with nurses or therapy if they notice a change in the resident's condition. Failure to transfer Resident #1 according to her care plan, failure to inform the nurse of the resident's condition so the nurse could properly assess Resident #1 to determine the appropriate transfer method, and failure to provide for safety and adequate assistance during the Hoyer lift transfer resulted in Resident #1 sustaining an avoidable laceration which required an admission to the ER, and a plastic surgeon to suture the wound.	F 323		