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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155240 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>09/27/2012 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>LYONS HEALTH AND LIVING CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>CR 800 W<br>LYONS, IN 47443 |
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| F0000              | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 20, 21, and 24 - 27, 2012</p> <p>Facility number: 000144<br/>Provider number: 155240<br/>AIM number: 100266760</p> <p>Survey team:<br/>Susan Worsham RN TC - 09/20/12-09/21/12 and 09/24/12-09/26/12<br/>Marla Potts RN - 09/20/12-09/21/12 and 09/24/12-09/26/12<br/>Sharon Whiteman RN</p> <p>Census bed type:<br/>SNF/NF: 60<br/>Total: 60</p> <p>Census payor type:<br/>Medicare: 08<br/>Medicaid: 44<br/>Other: 08<br/>Total: 60</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 10/01/12 by Suzanne</p> | F0000         |   |                      |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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|                    | Williams, RN   |               |   |                      |

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| F0282<br>SS=G  | <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 of 4 residents reviewed for accidents, of 8 who met the criteria for accidents, was transferred according to the resident's plan of care. This resulted in the resident sustaining an ankle fracture. (Resident #2)</p> <p>Findings Include:</p> <p>On 09/24/12 at 11:30 a.m. CNA #1 and RN #2 were observed to transfer Resident #2 from the resident's bed to her wheelchair. A Hoyer lift with a sling was used for the transfer. The resident was observed to have a soft cast to her right lower extremity.</p> <p>Interview of RN #2 on 09/24/12 at 11:30 a.m. indicated Resident #2 was non-weight bearing since her fracture, and that was why she was being transferred with the Hoyer sling lift.</p> <p>A form titled "Accident Investigation Form Unusual Occurrences" was provided by the Administrator on</p> | F0282   | <p>F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLANThe facility respectfully requests informal dispute resolution for this citation.1. Resident #2 is being transferred according to the plan of care.2. All residents utilizing a mechanical lift have been identified and are being transferred according to the plan of care. 3. The systemic change includes: A competency check will be completed for nursing staff regarding proper transfer technique utilizing a mechanical lift per policy. This competency check will also be utilized upon hire of new nursing employees, annually and as needed. In addition, licensed nurses will observe 1 transfer of a resident utilizing a mechanical lift on their hallway, every shift if applicableEducation will be provided to nursing staff regarding proper transfer technique per facility policy and per the plan of care. This education will include the systemic changes mentioned above.4. Unit Manager or designee will observe one transfer daily (5 days a week) for proper technique per the plan of</p> | 10/27/2012           |   |

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|  | <p>09/21/12 at 9:30 a.m. The form indicated on 08/27/12 at 11:30 a.m. Resident #2 sustained a "twist [symbol for with] swelling" to her right ankle. The injury to the resident's ankle was sustained during a transfer by CNA #4 and CNA #5. The form indicated CNA #4 and CNA #5 were interviewed regarding the transfer of Resident #2 and the resident receiving an injury. CNA #4 indicated she was not aware of the resident twisting her ankle until after therapy addressed the issue. CNA #4 indicated she did not use an EZ Stand lift for the transfer as ordered. CNA #5 indicated he was not aware of the resident twisting her ankle during the transfer, and he also indicated an EZ Stand lift was not used for the transfer. The form indicated Resident #2 was interviewed on 08/27/12 at 2:20 p.m. and the resident indicated her right ankle was twisted during transfer from her bed to her wheelchair and this caused "pain with pressure, and swelling." The resident indicated the CNAs did not use the EZ Stand lift during the transfer.</p> <p>PTA (Physical Therapy Assistant) #6 provided a copy of a "PT [Physical Therapy] Daily Treatment Note" on 09/25/12 at 1:30 p.m. The treatment</p> |   | <p>care for 30 days, then weekly for 30 days, then monthly for a total of 12 months of monitoring. These observations will be completed on random shifts and hallways. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be increased if needed. Date of completion: October 27, 2012</p> |                      |   |

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|  | <p>note had an entry which was dated 08/27/12. The entry indicated, "....Pt (Resident #2) c/o [complains of] pain in the ankle and said she turned it earlier this A.M., Pt does have swelling on the lat [lateral] aspect and nurse was informed of the issue...."</p> <p>Interview of LPN/Unit Manager #3 on 09/26/12 at 1:45 p.m. indicated Resident #2 was a Hoyer lift transfer upon admission and then when she was able to wear her prosthesis, she was transferred with a stand-up lift. Then, after the injury, she again had to be transferred with the Hoyer sling lift.</p> <p>Interview of Resident #2 on 09/24/12 at 11:45 a.m. indicated, "The CNAs got me up. The man &amp; woman wanted me to walk, take a step and I'm not supposed to. I had just stepped on it and you could hear it poppin' and crackin'. I was almost on the floor. Finally, they got me up in the chair. He knew better than to do that. They had been using the lift to get me up, but he thought I could stand."</p> <p>Interview of the ADON [Assistant Director of Nursing] on 09/24/12 at 10:55 a.m., indicated, "The story from the CNAs and the resident is that the</p> |   |   |                      |   |

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|                    | <p>resident was transferred with a gait belt instead of using the Stand-up lift." The ADON indicated both CNAs were written up for not using the stand-up lift.</p> <p>Review of Resident #2's clinical record on 09/25/12 at 11:00 p.m. indicated the following:</p> <p>Resident #2 had diagnoses which included, but were not limited to, generalized weakness, depression and hypokalemia.</p> <p>A care plan dated 10/10/11, with a target date of 11/07/12, indicated, "Resident requires extensive assist with ADLs [activities of daily living] r/t [related to] res [Resident #2] has left BKA (below knee amputation)...09/30/11 Hoyer lift with two assist for transfers when unable to don prosthesis. When able to don prosthesis, use EZ stand with two assist."</p> <p>A physician's re-write order for September 2012 included an order dated 08/02/12 which indicated Resident #2 "Can use EZ stand (mechanical lift) to transfer if she has her prosthesis on. If unable to don prosthesis use Hoyer (mechanical lift) with assist [symbol for times] 2."</p> |               |   |                      |

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|  | <p>A quarterly MDS [Minimum Data Set] assessment, dated 08/01/12, indicated Resident #2 was reliable for interview, required extensive assistance of staff for bed mobility/transfers, and did not walk during the time of the assessment. The MDS assessment indicated Resident #2 required a wheel chair and limb prosthesis for mobility.</p> <p>A nursing progress note dated 08/27/12 at 11:35 a.m., indicated, "MD [Medical Doctor] updated at this time and x-ray of ankle requested. Awaiting response."</p> <p>A nursing progress note dated 08/27/12 at 2:11 p.m. indicated, "2 x [by] 2 bruise, lt [light] purple in color to right outer ankle. States area is dull with radiation to toes. Refuses pain medication that was offered at this time. MD [Medical Doctor] updated again at this time with new orders for a x-ray to right ankle...."</p> <p>A "Radiology Report," dated 08/27/12, indicated, "....Results: There is a recent fracture involving distal tibia (inner bone between the knee and ankle) and fibula (outer bone between the knee and ankle) with no displacement. The joint</p> |   |   |                      |   |

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|  | <p>aligned is maintained. There is associated soft tissue swelling...."</p> <p>A nursing progress note dated 08/27/12 at 06:30 p.m. indicated, "[Name of Resident #2 medical doctor] notified of x ray results for RLE indicating non-displaced fractures of distal tibia et fibula. New order received to make appointment in AM for resident to be seen by [name of bone specialist]....Maintain stable positioning of right ankle til seen by [bone specialist] for evaluation et further orders. NWB [non-weight bearing] RLE. Hoyer lift with nurse supervision for all transfers...."</p> <p>A fax report, dated 09/24/12, indicated, "....Right ankle:...imaging of the right ankle was performed in 3 projections. The study was performed with a supplied history of right ankle pain. No new abnormalities of the osseous or joint structures are identified. Transverse cast and fractures of the distal right tibial and fibular... are re-identified....The soft tissues are edematous, with a healing fracture in this region."</p> <p>3.1-35(g)(2)</p> |   |   |                      |   |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2012

FORM APPROVED

OMB NO. 0938-0391

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| F0315<br>SS=D  | <p>483.25(d)<br/>NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview, and record review, the facility failed to ensure nursing staff handled a urinary catheter drainage bag in a manner to prevent infection, and according to facility guidelines, for 1 of 1 resident reviewed for urinary catheters of 5 who met the criteria for urinary catheters. (Resident #2)</p> <p>Findings Include:</p> <p>On 09/24/12 at 11:30 a.m., CNA #1 and RN #2 were observed to transfer Resident #2 from the resident's bed to a wheelchair. During the transfer CNA #1 was observed to hang the resident's urinary catheter drainage bag on a bottom pocket of her (CNA #1's) shirt, causing the urinary drain tubing to raise above the level of the resident's bladder. After the resident was seated in her wheelchair, CNA</p> | F0315   | <p>F315 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <ol style="list-style-type: none"> <li>Resident #2's urinary catheter drainage bag is being handled in a manner to prevent infections. Nursing staff were offered education regarding policy and procedure on handling a catheter bag and tubing during the survey process.</li> <li>All residents with a urinary catheter have been identified and the drainage bag is being handled in a manner to prevent infections.</li> <li>The systemic change includes: <ul style="list-style-type: none"> <li>A competency check will be completed for nursing staff regarding handling a urinary catheter drainage bag in a manner to prevent infections per facility policy and procedure. This competency check will be completed upon hire, annually and as needed.</li> <li>Licensed nurses will observe 1 transfer of a resident with a foley catheter on their hallway every shift if applicable.</li> </ul> </li> </ol> | 10/27/2012   |  |   |  |

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|  | <p>#1 was observed to remove the urinary drainage bag from her pocket and to place the drainage bag on the floor while she looked underneath the wheelchair for the dignity bag (a container in which a urinary drainage bag is placed to cover the contents of the drainage bag). CNA #1 was observed to remove the drainage bag from the floor and to place it in the dignity bag.</p> <p>Interview of the Administrator on 09/26/12 at 11:50 am. indicated the last inservice on urinary catheter handling was on 08/31/12.</p> <p>Review of Resident #2's clinical record on 09/25/12 at 11:00 p.m. indicated the following:</p> <p>Resident #2 had diagnoses which included, but were not limited to, generalized weakness, depression and hypokalemia.</p> <p>A physician's re-write order for September 2012 included an order for the resident to have a suprapubic catheter (a catheter inserted directly into the bladder).</p> <p>A care plan dated 10/03/11, with a target date of 11/07/12, indicated, "Resident requires a suprapubic</p> |   | <p>Education will be provided to nursing staff regarding handling a catheter drainage bag in a manner to prevent infections per facility policy and procedure as well as the systemic change mentioned above.</p> <p>4. Unit Managers or designee will review one transfer of a resident with a foley catheter, if applicable, daily (5 days a week) for 30 days, then weekly for 30 days, then monthly for a total of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be increased if needed.</p> <p>Date of completion: October 27, 2012</p> |  |  |   |  |

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|                    | <p>catheter R/T [related to] renal insufficiency, neurogenic bladder and incomplete bladder emptying with residual of greater than 400 cc [milliliters]." Approaches to this care plan included, but were not limited to, "Do not allow tubing or any part of the drainage system to touch the floor...."</p> <p>A care plan dated 06/18/12 with a target date of 11/07/12 indicated, "Resident has hx [history] of urinary tract infection...."</p> <p>A policy titled "Catheter Care, Urinary" was provided by the Administrator on 09/26/12 at 9:15 a.m. The policy indicated, "The purpose of this procedure is to prevent infection of the resident's urinary tract...The urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder....Be sure the catheter tubing and drainage bag are kept off the floor."</p> <p>3.1-41(a)(2)</p> |               |   |                      |

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| F0323<br>SS=G  | <p>483.25(h)<br/>FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br/>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. Based on observation, interview, and record review, the facility failed to ensure 1 of 4 residents reviewed for accidents, of 8 who met the criteria for accidents, was transferred using a lift, according to the residents plan of care, resulting in the resident sustaining an ankle fracture. (Resident #2)</p> <p>Findings Include:</p> <p>On 09/24/12 at 11:30 a.m. CNA #1 and RN #2 were observed to transfer Resident #2 from the resident's bed to her wheelchair. A Hoyer lift with a sling was used for the transfer. The resident was observed to have a soft cast to her right lower extremity.</p> <p>Interview of RN #2 on 09/24/12 at 11:30 a.m. indicated Resident #2 was non-weight bearing since her fracture, and that was why she was being transferred with the Hoyer sling lift.</p> <p>A form titled "Accident Investigation Form Unusual Occurrences" was</p> | F0323   | <p>F323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br/>The facility respectfully requests informal dispute resolution for this citation.</p> <ol style="list-style-type: none"> <li>Resident #2 is being transferred via a hoier lift per the plan of care.</li> <li>All residents utilizing a mechanical lift have been identified and are being transferred according to the plan of care.</li> <li>The systemic change includes: <ul style="list-style-type: none"> <li>A competency check will be completed for nursing staff regarding proper transfer technique utilizing a mechanical lift per policy. This competency check will also be utilized upon hire of new nursing employees, annually and as needed.</li> <li>In addition, licensed nurses will observe 1 transfer of a resident utilizing a mechanical lift on their hallway, every shift if applicable. Education will be provided to nursing staff regarding proper transfer technique per facility policy and per the plan of care. This education will include the systemic changes mentioned above.</li> </ul> </li> <li>Unit Manager or designee will observe one transfer daily (5 days a</li> </ol> | 10/27/2012           |   |

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|  | <p>provided by the Administrator on 09/21/12 at 9:30 a.m. The form indicated on 08/27/12 at 11:30 a.m. Resident #2 sustained a "twist [symbol for with] swelling" to her right ankle. The injury to the resident's ankle was sustained during a transfer by CNA #4 and CNA #5. The form indicated CNA #4 and CNA #5 were interviewed regarding the transfer of Resident #2 and the resident receiving an injury. CNA #4 indicated she was not aware of the resident twisting her ankle until after therapy addressed the issue. CNA #4 indicated she did not use an EZ Stand lift for the transfer as ordered. CNA #5 indicated he was not aware of the resident twisting her ankle during the transfer, and he also indicated an EZ Stand lift was not used for the transfer. The form indicated Resident #2 was interviewed on 08/27/12 at 2:20 p.m. and the resident indicated her right ankle was twisted during transfer from her bed to her wheelchair and this caused "pain with pressure, and swelling." The resident indicated the CNAs did not use the EZ Stand lift during the transfer.</p> <p>PTA #6 was interviewed on 09/24/12 at 2:35 p.m. PTA #6 indicated when Resident #2 first started therapy she</p> |   | <p>week) for proper technique per the plan of care for 30 days, then weekly for 30 days, then monthly for a total of 12 months of monitoring. These observations will be completed on random shifts and hallways.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be increased if needed.</p> <p>Date of completion: October 27, 2012</p> |  |  |   |  |

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|  | <p>was using the EZ stand lift. PTA #6 indicated the resident was never a 2 person transfer. PTA #6 indicated "If staff assisted her (Resident #2) up for a transfer, they should have used the EZ stand lift." PTA #6 indicated the resident could stand, but not transfer. PTA #6 indicated, "We hadn't worked on transferring her (Resident #2) at all with 2 (staff) assist. She wasn't stepping for transfers yet."</p> <p>PTA (Physical Therapy Assistant) #6 provided a copy of a "PT [Physical Therapy] Daily Treatment Note" on 09/25/12 at 1:30 p.m. The treatment note had an entry which was dated 08/27/12. The entry indicated, "...Pt (Resident #2) c/o [complains of] pain in the ankle and said she turned it earlier this A.M., Pt does have swelling on the lat [lateral] aspect and nurse was informed of the issue...."</p> <p>Interview of LPN/Unit Manager #3 on 09/26/12 at 1:45 p.m. indicated Resident #2 was a Hoyer lift transfer upon admission and then when she was able to wear her prosthesis, she was transferred with a stand-up lift. Then, after the injury, she again had to be transferred with the Hoyer sling lift.</p> <p>Interview of Resident #2 on 09/24/12</p> |   |   |                      |   |

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|  | <p>at 11:45 a.m. indicated, "The CNAs got me up. The man &amp; woman wanted me to walk, take a step and I'm not supposed to. I had just stepped on it and you could hear it poppin' and crackin'. I was almost on the floor. Finally, they got me up in the chair. He knew better than to do that. They had been using the lift to get me up, but he thought I could stand."</p> <p>Interview of the ADON [Assistant Director of Nursing] on 09/24/12 at 10:55 a.m., indicated, "The story from the CNAs and the resident is that the resident was transferred with a gait belt instead of using the Stand-up lift." The ADON indicated both CNAs were written up for not using the stand-up lift.</p> <p>Review of Resident #2's clinical record on 09/25/12 at 11:00 p.m. indicated the following:</p> <p>Resident #2 had diagnoses which included, but were not limited to, generalized weakness, depression and hypokalemia.</p> <p>A care plan dated 10/03/11 with a target date of 11/07/12 indicated, "Resident has missing limb LBKA [left below the knee amputation]."</p> |   |   |                      |   |

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|                    | <p>A care plan dated 10/03/11 with a target date of 11/07/12 indicated, "Resident has history of falling and is at risk for falling due to generalized weakness and res (Resident #2) takes antidepressant and antianxiety...."</p> <p>A care plan dated 10/10/11, with a target date of 11/07/12, indicated, "Resident requires extensive assist with ADLs [activities of daily living] r/t [related to] res [Resident #2] has left BKA (below knee amputation)...09/30/11 Hoyer lift with two assist for transfers when unable to don prosthesis. When able to don prosthesis, use EZ stand with two assist."</p> <p>A physician's re-write order for September 2012 included an order dated 08/02/12 which indicated Resident #2 "Can use EZ stand (mechanical lift) to transfer if she has her prosthesis on. If unable to don prosthesis use Hoyer (mechanical lift) with assist [symbol for times] 2."</p> <p>A quarterly MDS [Minimum Data Set] assessment, dated 08/01/12, indicated Resident #2 was reliable for interview, required extensive assistance of staff for bed mobility/</p> |               |   |                      |

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|  | <p>transfers, and did not walk during the time of the assessment. The MDS assessment indicated Resident #2 required a wheel chair and limb prosthesis for mobility.</p> <p>A nursing progress note dated 08/27/12 at 11:30 a.m. indicated, "resident (sic) in therapy at this time. Stated that upon transfer from bed to wheelchair in EZ stand, resident's right ankle and foot became twisted. Right ankle has slight swelling to outer aspect, complaints of pain when pressure applied to ankle. ROM [Range of Motion] is good in ankle, no bruising noted. Will update MD and request precautionary x-ray of ankle."</p> <p>A nursing progress note dated 08/27/12 at 11:35 a.m. indicated, "MD [Medical Doctor] updated at this time and x-ray of ankle requested. Awaiting response."</p> <p>A nursing progress note dated 08/27/12 at 2:11 p.m. indicated, "2 x [by] 2 bruise, lt [light] purple in color to right outer ankle. States area is dull with radiation to toes. Refuses pain medication that was offered at this time. MD [Medical Doctor] updated again at this time with new orders for a x-ray to right ankle...."</p> |   |   |                      |   |

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|                    | <p>A nursing progress note dated 08/27/12 at 04:53 p.m. indicated, "[name of x-ray company] here to x-ray right ankle at this time, awaiting results.</p> <p>A "Radiology Report," dated 08/27/12, indicated, "....Results: There is a recent fracture involving distal tibia (inner bone between the knee and ankle) and fibula (outer bone between the knee and ankle) with no displacement. The joint aligned is maintained. There is associated soft tissue swelling...."</p> <p>A nursing progress note dated 08/27/12 at 06:30 p.m. indicated, "[Name of Resident #2's medical doctor] notified of x ray results for RLE indicating non-displaced fractures of distal tibia et fibula. New order received to make appointment in AM for resident to be seen by [name of bone specialist]....Maintain stable positioning of right ankle til seen by [bone specialist] for evaluation et further orders. NWB [non-weight bearing] RLE. Hoyer lift with nurse supervision for all transfers...."</p> <p>A nursing progress note dated 08/27/12 at 11:27 p.m. indicated, "Resident was medicated at 1900</p> |               |   |                      |

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|  | <p>(7:00 p.m.) with Tylenol 325 mg [milligrams] tabs two PO [by mouth] for right ankle discomfort/pain. Rated pain at 6 on 1-10 scale. Pain med [medication] was effective. Right LE [lower extremity] edematous with purple bruising noted around ankle. RLE [Right lower extremity] elevated up on pillow with heel floated off mattress. Nurse supervised transfer from w/c to bed with Hoyer lift and maintained stable positioning of ankle/RLE during transfer et during bed repositioning at 1900 [7:00 p.m.]."</p> <p>A nursing progress note, dated 08/28/12 at 6:53 p.m. indicated, "New orders received after discharge from (local hospital emergency room). Elevate RLE above heart x's 72 hrs [hours], neurovascular checks every shift and call if any changes, non-weight bearing RLE, hoyer (sic) lift for all transfers with supervision of nurse and call [name of bone specialist] office for follow up appt [appointment] in one week. Resident aware of new orders. Able to move toes on right foot (sic) good sensation noted. Denies need for pain med [medication] at this time. Will continue to monitor."</p> <p>A report titled "History of Present</p> |   |   |                      |   |

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|  | <p>Illness" which was dated 09/04/12 indicated, "....Aftercare Healing Traumatic FX [fracture], Lower Leg... Today's impression 9/4/12 xrays of right ankle reviewed with [name of Resident #2] today. New short leg splint applied to right lower leg. She is to continue non-weight bearing, and I will see her back in 3 weeks with an xray of her right ankle."</p> <p>A nursing progress note dated 09/06/12 at 6:25 a.m. indicated, "Resident has been resting without complaint since pain med given at HS [hour of sleep]. Right lower extremity elevated on pillow with heel floated off mattress. soft cast in place, toes warm to touch. resident able to wiggle toes slightly. color of foot with in (sic) normal limits...."</p> <p>A fax report, dated 09/24/12, indicated, "....Right ankle:...imaging of the right ankle was performed in 3 projections. The study was performed with a supplied history of right ankle pain. No new abnormalities of the osseous or joint structures are identified. Transverse cast and fractures of the distal right tibial and fibular... are re-identified....The soft tissues are edematous, with a healing fracture in this region."</p> |   |   |  |  |   |  |

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|                    | <p>Copies, titled "Employee Warning Notice Form," were provided by the Administrator on 09/25/12 at 10:25 a.m. These forms indicated CNA #4 and CNA #5 received notice, which indicated, "...Transferred resident [Resident #2] [symbol for with] 2 assist instead of using EZ stand...Always transfer residents according to their plan of care."</p> <p>3.1-45(a)(2)</p> |               |   |                      |