STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155810	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERNON MANOR CHILDRENS HOME	1955 S VERNON ST WABASH, IN 46992

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00187401. Complaint IN00187401 - Substantiated. Federal/State deficiency related to the allegations is cited at F323. Survey dates: November 24 and 25, 2015 Facility number: 000274 Provider number: 155810 AIM number: 100271660 Census bed type: SNF/NF: 77 Total: 77 Census payor type: Medicare: 1 Medicaid: 75 Other: 1 Total: 77 Sample: 3 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. QR completed by 11474 on November	F 0000	Thisplan of correction constitutes mywritten allegation of compliance forthe alleged deficienciescited. However,s ubmission of this Plan of Correction isnot an admission that a deficiencyexists or that one was citedcorrectly. This plan is submitted to meet requirements established by state and federal law. Plan of Compliance is effective: December 14, 2015	

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	30, 2015.			
F 0323 SS=D Bldg. 00	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. Based on record review and interview, the facility failed to ensure staff utilized the proper operational techniques for mechanical lift use for 1 of 3 residents reviewed for accidents (Resident C). Findings include: The clinical record for Resident C was reviewed on 11/24/15 at 11:40 a.m. Resident C's diagnoses included, but were not limited to, diabetes type II, morbid obesity, major depressive disorder, delusional disorder and dementia. Review of the nursing notes, dated 11/17/15 at 10:50 a.m., indicated Resident C sustained a 2.0 cm x 0.8 cm x <0.1 cm abrasion to the bridge of the nose due to the mechanical lift coming into contact with Resident C's nose during a transfer.	F 0323	**F323 Free of Accident Hazards** **Corrective action for residents identified:** Liftand transfer observations with returndemonstration audits completed by the Director of Nursing (DON) or designee fortherapy and nursing staff using mechanical-hoyer type lifts for resident c andother residents who require mechanical-hoyer type lift transfers **Identification of others at risk:** Residents transferred with mechanical-hoyer type lift have the potential to be	12/14/2015

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	During an interview on 11/24/15 at 10:40 a.m., Resident C indicated the mechanical lift had tipped during a transfer and hit her in the nose. During an interview on 11/24/15 at 12:04 p.m., COTA (Certified Occupational Therapy Assistant) #6 indicated, on 11/17/15, she and PTA #7 were transferring Resident C from the bed to the wheelchair to take Resident C to therapy. COTA #6 indicated during the transfer, the mechanical lift tipped and Resident C landed in the wheelchair and the hoyer hit Resident C in the nose. During an interview on 11/24/15 at 12:10 p.m., PTA (Physical Therapy Assistant) #7 indicated on 11/17/15 he was assisting COTA #6 with Resident C's transfer from bed to chair using the mechanical lift. PTA #6 indicated the legs of the mechanical lift were separated and started to shift once Resident C was being lowered into the wheelchair, causing the mechanical lift to tip and hit Resident C in the nose. During an interview on 11/24/15 at 11:56 a.m., the Maintenance Director indicated all work orders were put into the computer unless it was an emergency in which he would be called immediately.		affected. Skin assessmentswere completed on residents whorequire mechanical-hoyer type lifts. No injuries noted. **Measures to ensure this deficientpractice does not recur:** The nursing and therapy staff were re-educatedon lift and transfer procedures when using mechanical-hoyer type lift onresidents. Liftand transfer observations with returndemonstrations audits completed by the Director of Nursing (DON) or designee fortherapy and nursing staff using mechanical-hoyer type lift for this residentand other residents who require mechanical-hoyer type lift transfers DONand or designee will ensure nursing and therapy new hire staff will receive the education on lift and transfer procedures prior to providing resident care. **Monitoring of corrective action:**	

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	The Maintenance Director also indicated equipment needing repair should be removed from the floor until he had a chance to examine it. The Maintenance Director stated he had looked at the mechanical lift in question after being notified by nursing. "I checked the lift completely. I tightened everything up that could be tightened. Nothing felt out of place and nothing was missing." The Maintenance Director indicated there had been no missing bolts on the mechanical lift. On 11/25/15 at 9:00 a.m., the Maintenance Director provided the following written statement: "Therapy paged me with a concern with one of our lifts on 11/17/15. I immediately inspected the lift following the incident when they explained the legs closed while lowering [Resident C's name] into her chair. After thoroughly inspecting the lift, I found the legs would stay open if locked properly. For good practice and extra precaution, I tightened up ALL [sic] nuts and bolts on this lift and inspected All [sic] other lifts in the building. No further problems at this time. All lifts passed inspection on 11/17/15." The Maintenance Director indicated the legs on the lift would move if they were not locked properly.		The Director of Nursing (DON) ordesignee will conduct observation and return demonstration audits with staffusing mechanical-hoyer type lifts on residents, 3 times weekly for 4 weeks, 2times weekly for 4 weeks, one time weekly for 4 weeks and then one time monthlyfor 6 months. These observations andreturn demonstration audits will be ongoing with the results reported andfurther recommendations given as indicated through the Quality AssuranceCommittee (QAC) monthly.	

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	Review on 11/25/15 at 9:27 a.m., of the "Incident & Accident Report and Investigation" dated 11/18/15, indicated one Interdisciplinary Team (IDT) documented the cause of the incident was a missing bolt. The Director of Nursing summary indicated "1. Maint. immediately serviced lift. 2. All lifts checked 0 [zero] issues noted." Review on 11/25/15 at 9:50 a.m., of the maintenance repair log from 1/21/15 through 11/17/15 indicated all mechanical lifts were checked and provided maintenance on a routine basis. The Maintenance Director indicated since the incident on 11/17/15 was an emergency and he was called immediately. The nursing staff did to put in a work order. During an interview on 11/25/15 at 9:30 a.m., the Director of Nursing indicated the IDT team had not reviewed the inspection of the lift by the Maintenance Director and had miscommunication as to the cause of the incident. The Director of Nursing indicated the mechanical lift was in good repair at the time of transfer and the cause of the incident was due to the legs not being properly locked in place. The DON indicated the therapist involved in the incident were not part of the nursing staff. The DON was unsure			

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	if the therapist had documented competencies on using the mechanical lifts. No further information was provided. During an interview on 11/25/15 at 10:00 a.m., the Administrator indicated therapy did not routinely get residents up. This federal tag relates to Complaint IN00187401. 3.1-45(a)(1)			