

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155836	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/13/2015
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NAME OF PROVIDER OR SUPPLIER CUMBERLAND TRACE HEALTH & LIVING COMMUNITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1925 REEVES ROAD PLAINFIELD, IN 46168
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00178334.</p> <p>Complaint IN00178334 - Substantiated. Federal/State deficiencies related to the allegations are cited at F224, F225, F226, and F 323.</p> <p>Survey date: August 12, 2015</p> <p>Facility number: 013455 Provider number: 155836 AIM number: 201293440</p> <p>Census bed type: SNF: 24 SNF/NF: 49 Residential: 34 Total: 107</p> <p>Census payor type: Medicare: 17 Medicaid: 23 Other: 33 Total: 73</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>August 24,2015</p> <p>Kim Rhoades, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Re: Allegation ofCompliance</p> <p>Dear Ms. Rhoades:</p> <p>Please find enclosed the Plan of Correction to the ComplaintSurvey conducted on August 12,2015. This letter is to informyou that the plan of correction attached is to serve as Cumberland Trace credible allegation ofcompliance. We allege compliance on August 28, 2015. We are requesting a desk review for this planof correction.</p> <p>If you have any further questions, please do not hesitate tocontact me at 317-838-7070.</p> <p>Sincerely,</p> <p>Tom Mullins Administrator</p>	

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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			<p>Submission of this plan of correction in no way constitutes an admission by Cumberland Trace or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the Complaint Survey on August 12, 2015. Please accept this plan of correction as Cumberland Trace credible allegation of compliance by August 28, 2015.</p> <p>This statement of deficiencies and plan of correction will be reviewed at the October Quality Assurance/Assessment Committee meeting.</p> <p>Response to Survey Ending August 12, 2015</p>	

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F 0224 SS=D Bldg. 00	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROP RIATN</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility neglected to provide services to prevent injury to a resident who was improperly transferred with a mechanical lift for 1 of 3 residents reviewed for allegations of neglect (Resident B).</p> <p>Findings include:</p> <p>A facility injury investigation was reviewed on 8/12/15 at 11:15 a.m. The investigation indicated CNA # 1 asked another staff for assistance with a Hoyer transfer (mechanical lift) of Resident B. The investigation indicated CNA # 1 indicated he did not wait for assistance to arrive and transferred Resident B by himself. The investigation indicated Resident B slipped out of the mechanical lift sling when he lowered her to the floor. The report indicated Resident B's leg did not "look right" and a nursing assessment was requested.</p> <p>During an interview with CNA # 2 on 8/12/15 at 1:55 p.m., the CNA indicated</p>	F 0224	<p>Requesting Paper Compliance</p> <p>F224</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Administrator was aware and facility initially reported the incident regarding Resident B on July 19, 2015 related to Resident B to the ISDH on July 20, 2015. The investigation was completed and during the investigation the Administrator and Director of Nursing were notified that Resident B was improperly transferred and this information was reported to the ISDH with the completed incident followup on July 23, 2015.</p> <p>Corrective Action Plan was reviewed with ISDH surveyor on 8/12/15.</p> <p>The Administrator was never interviewed during the ISDH survey on 8/12/15 regarding was</p>	08/28/2015
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	<p>she had been working at the time of the incident. CNA # 2 indicated she had not been asked by CNA # 1 for assistance. She indicated she and another CNA heard someone fall and when she entered the room and saw Resident B on the floor CNA # 2 indicated she told CNA # 1 he should not transfer the resident by himself and indicated she was aware CNA # 1 had previously transferred residents via the Hoyer lift without assistance. CNA # 2 indicated she did not report improper transfers to anyone.</p> <p>During an interview on 8/12/15 at 2:05 p.m., the DON indicated he had not heard anything about CNA # 1 transferring residents with the Hoyer lift alone prior to this incident. The DON indicated at this time it was his expectation 2 staff members would be present for every Hoyer Lift transfer.</p> <p>During an interview on 8/12/15 at 4:15 p.m., the DON indicated his expectation was an employee would come to him and/or to their supervisor with information they had of another employee neglecting the safety of residents by not following policy.</p> <p>A current facility policy, dated 8/21/13, titled "Abuse Prevention" was provided by the DON on 8/12/15 at 4:15 p.m. The</p>		<p>reported to him regarding the incident with Resident B.</p> <p>CNA #1 received training on Hoyer lifts on April23, 2015. CNA #1 received training on Abuse Preventionand reporting on April 23, 2015. CNA # 1was suspended on July 19, 2015. CNA #1was terminated on July 21, 2015 related to improper transfer of Resident B.</p> <p>CNA # 2received education on Abuse Prevention and reporting upon hire April 23, 2015and on June 17, 2015. CNA #2received education on immediately reporting unsafe transfers. CNA #2received disciplinary action for not reporting unsafe transfers. CNA #2re-interviewed on 8/12/15 and stated she had not seen CNA #1 improperly use a Hoyertransfer prior to the incident on July 19, 2015 at Cumberland Trace. CNA #2 stated she had seen CNA #1 improperlytransfer using a Hoyer lift at another facility not Cumberland Trace.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p>	

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	<p>policy indicated: "...Policy Statement It is the responsibility of our employees, facility consultants, attending physicians, family members, visitors etc., to immediately report any incident or suspected incident of neglect...g. Neglect is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness...."</p> <p>This federal tag relates to Complaint IN00178334.</p> <p>3.1-28(a)</p>		<p>Residents who reside at Cumberland Trace and require a Hoyer Lift to transfer have the potential to be affected by the alleged deficient practice.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>Facility staff were re-educated on Abuse prevention with emphasis on reporting neglect and safety concerns to the administrator immediately. A post-test was utilized to ensure the staff comprehended the abuse reporting guidelines to protect the residents from harm.</p> <p>Nursing staff were re-educated utilizing the skills validations for Hoyer Lift Transfers.</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>Current resident's utilizing Hoyer Lifts with a BIMS 10 or greater were interviewed utilizing an audit tool for comfort and security during transfers. Current resident's utilizing Hoyer Lift with BIMS less than 10</p>		

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F 0225 SS=D Bldg. 00	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who		<p>were observed utilizing an audit tool for comfort and security during transfers</p> <p>The audit tools were completed by facility staff with each Hoyer lift transfer x 14 days.</p> <p>Random Skills validation and resident interview/observation audits were completed five times weekly including weekend days x 4 weeks for compliance</p> <p>Administrator/designee will utilize an audit tool to perform random audits five times per week x 30 days to ensure staff has comprehended the reporting guidelines including reporting abuse, neglect, and resident safety concerns.</p> <p>Results of these audits will be reviewed at the monthly Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is August 28, 2015.</p>		

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	<p>have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure allegations of neglect were immediately reported to the Administrator upon awareness of</p>	F 0225	<p>Requesting Paper Compliance F225</p> <p>I. The corrective actions to be accomplished for those</p>	08/28/2015

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	<p>improper transfers with a mechanical lift for 1 of 3 residents reviewed for allegations of neglect.</p> <p>Findings include:</p> <p>A facility injury investigation was reviewed on 8/12/15 at 11:15 a.m. The investigation indicated CNA # 1 asked another staff for assistance with a Hoyer transfer (mechanical lift) of Resident B. The investigation indicated CNA # 1 indicated he did not wait for assistance to arrive and transferred Resident B by himself. The investigation indicated Resident B slipped out of the mechanical lift sling when he lowered her to the floor. The report indicated Resident B's leg did not "look right" and a nursing assessment was requested.</p> <p>During an interview with CNA # 2 on 8/12/15 at 1:55 p.m., the CNA indicated she had been working at the time of the incident. CNA # 2 indicated she had not been asked by CNA # 1 for assistance. She indicated she and another CNA heard someone fall and when she entered the room and saw Resident B on the floor CNA # 2 indicated she told CNA # 1 he should not transfer the resident by himself and indicated she was aware CNA # 1 had previously transferred residents via the Hoyer lift without</p>		<p>residents found to have been affected by the deficient practice.</p> <p>Administrator was aware and facility initially reported the incident regarding Resident B on July 19, 2015 related to Resident B to the ISDH on July 20, 2015. The investigation was completed and during the investigation the Administrator and Director of Nursing were notified that Resident B was improperly transferred and this information was reported to the ISDH with the completed incident follow up on July 23, 2015.</p> <p>Corrective Action Plan was reviewed with ISDH surveyor on 8/12/15.</p> <p>The Administrator was never interviewed during the ISDH survey on 8/12/15 regarding what was reported to him regarding the incident with Resident B.</p> <p>CNA #1 received training on Hoyer lifts on April 23, 2015. CNA #1 received training on Abuse Prevention and reporting on April 23, 2015. CNA # 1 was suspended on July 19, 2015. CNA #1 was terminated on July 21, 2015 related to improper transfer of Resident B.</p>		

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	<p>assistance. CNA # 2 indicated she did not report improper transfers to anyone.</p> <p>During an interview on 8/12/15 at 2:05 p.m., the DON indicated he had not heard anything about CNA # 1 transferring residents with the Hoyer lift alone prior to this incident. The DON indicated at this time it was his expectation 2 staff members would be present for every Hoyer Lift transfer.</p> <p>During an interview on 8/12/15 at 4:15 p.m., the DON indicated his expectation was an employee would come to him and/or to their supervisor with information they had of another employee neglecting the safety of residents by not following policy.</p> <p>A current facility policy, dated 8/21/13, titled "Abuse Prevention" was provided by the DON on 8/12/15 at 4:15 p.m. The policy indicated: "...Policy Statement It is the responsibility of our employees, facility consultants, attending physicians, family members, visitors etc., to immediately report any incident or suspected incident of neglect...g. Neglect is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness...."</p>		<p>CNA # 2received education on Abuse Prevention and reporting upon hire April 23, 2015and on June 17, 2015. CNA #2received education on immediately reporting unsafe transfers CNA #2received disciplinary action for not reporting unsafe transfers. CNA #2re-interviewed on 8/12/15 and stated she had not seen CNA #1 improperly use aHoyer transfer prior to the incident on July 19, 2015 at Cumberland Trace. CNA #2 stated she had seen CNA #1 improperlytransfer using a Hoyer lift at another facility not Cumberland Trace.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>Residentswho reside at Cumberland Trace and require a Hoyer Lift to transfer have thepotential to be affected by the alleged deficient practice.</p> <p>III. Thefacility will put into place the following systematic changes to ensure thatthe deficient practice does not recur.</p>				

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	<p>This federal tag relates to Complaint IN00178334.</p> <p>3.1-28(c)</p>		<p>Facility staff were re-educated on Abuse prevention with emphasis on reporting neglect and safety concerns to the administrator immediately. A post-test was utilized to ensure the staff comprehended the abuse reporting guidelines to protect the residents from harm.</p> <p>Nursing staff were re-educated utilizing the skills validations for Hoyer Lift Transfers.</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>Current resident's utilizing Hoyer Lifts with a BIMS 10 or greater were interviewed utilizing an audit tool for comfort and security during transfers. Current resident's utilizing Hoyer Lift with BIMS less than 10 were observed utilizing an audit tool for comfort and security during transfers</p> <p>The audit tools were completed by facility staff with each Hoyer lift transfer x 14 days.</p> <p>Random Skills validation and resident interview/observation audits were completed five times weekly including weekend days x 4 weeks for compliance</p> <p>Administrator/designee will utilize an</p>	

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F 0226 SS=D Bldg. 00	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to implement its policies and procedures for immediately reporting an allegation of neglect related to improper transfers with a mechanical lift to the administrator for 1 of 3 residents reviewed for allegations of neglect (Resident B).</p> <p>Findings include:</p>	F 0226	<p>audit tool to perform random audits five times per week x 30days to ensure staff has comprehended the reporting guidelines including reporting abuse, neglect, and resident safety concerns.</p> <p>Results of these audits will be reviewed at the monthly Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is August 28, 2015.</p> <p>Requesting Paper Compliance F226</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Administrator was aware and facility initially reported the incident regarding Resident B on</p>	08/28/2015

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	<p>A facility injury investigation was reviewed on 8/12/15 at 11:15 a.m. The investigation indicated CNA # 1 asked another staff for assistance with a Hoyer transfer (mechanical lift) of Resident B. The investigation indicated CNA # 1 indicated he did not wait for assistance to arrive and transferred Resident B by himself. The investigation indicated Resident B slipped out of the mechanical lift sling when he lowered her to the floor. The report indicated Resident B's leg did not "look right" and a nursing assessment was requested.</p> <p>During an interview with CNA # 2 on 8/12/15 at 1:55 p.m., the CNA indicated she had been working at the time of the incident. CNA # 2 indicated she had not been asked by CNA # 1 for assistance. She indicated she and another CNA heard someone fall and when she entered the room and saw Resident B on the floor CNA # 2 indicated she told CNA # 1 he should not transfer the resident by himself and indicated she was aware CNA # 1 had previously transferred residents via the Hoyer lift without assistance. CNA # 2 indicated she did not report improper transfers to anyone.</p> <p>During an interview on 8/12/15 at 2:05 p.m., the DON indicated he had not heard</p>		<p>July19, 2015 related to Resident B to the ISDH on July 20, 2015. The investigation was completed and during the investigation the Administrator and Director of Nursing were notified that Resident B was improperly transferred and this information was reported to the ISDH with the completed incident follow up on July 23, 2015.</p> <p>Corrective Action Plan was reviewed with ISDH surveyor on 8/12/15.</p> <p>The Administrator was never interviewed during the ISDH survey on 8/12/15 regarding was reported to him regarding the incident with Resident B.</p> <p>CNA #1 received training on Hoyer lifts on April 23, 2015. CNA #1 received training on Abuse Prevention and reporting on April 23, 2015. CNA # 1 was suspended on July 19, 2015. CNA #1 was terminated on July 21, 2015 related to improper transfer of Resident B.</p> <p>CNA # 2 received education on Abuse Prevention and reporting upon hire April 23, 2015 and on June 17, 2015. CNA #2 received education on immediately reporting unsafe transfers.</p>	

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	<p>anything about CNA # 1 transferring residents with the Hoyer lift alone prior to this incident. The DON indicated at this time it was his expectation 2 staff members would be present for every Hoyer Lift transfer.</p> <p>During an interview on 8/12/15 at 4:15 p.m., the DON indicated his expectation was an employee would come to him and/or to their supervisor with information they had of another employee neglecting the safety of residents by not following policy.</p> <p>A current facility policy, dated 8/21/13, titled "Abuse Prevention" was provided by the DON on 8/12/15 at 4:15 p.m. The policy indicated: "...Policy Statement It is the responsibility of our employees, facility consultants, attending physicians, family members, visitors etc., to immediately report any incident or suspected incident of neglect...g. Neglect is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness...."</p> <p>This federal tag relates to Complaint IN00178334.</p> <p>3.1-28(a)</p>		<p>CNA #2received disciplinary action for not reporting unsafe transfers.</p> <p>CNA #2re-interviewed on 8/12/15 and stated she had not seen CNA #1 improperly use aHoyer transfer prior to the incident on July 19, 2015 at Cumberland Trace. CNA #2 stated she had seen CNA #1 improperlylytransfer using a Hoyer lift at another facility not Cumberland Trace.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>Residentswho reside at Cumberland Trace and require a Hoyer Lift to transfer have thepotential to be affected by the alleged deficient practice.</p> <p>III. Thefacility will put into place the following systematic changes to ensure thatthe deficient practice does not recur.</p> <p>Facilitystaff were re-educated on Abuse prevention with emphasis on reporting neglectand safety concerns to the administrator immediately. A post- test was utilized to ensure the</p>	

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			<p>staffcomprehended the abuse reporting guidelines to protect the residents from harm.</p> <p>Nursing staff werere-educated utilizing the skills validations for Hoyer Lift Transfers.</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>Current resident'sutilizing Hoyer Lifts with a BIMS 10 or greater were interviewed utilizing an audit tool for comfort and security during transfers. Current resident's utilizing Hoyer Lift withBIMS less than 10 were observed utilizing an audit tool for comfort andsecurity during transfers</p> <p>The audit tools were completed by facilitystaff with each Hoyer lift transfer x 14 days.</p> <p>Random Skills validationand resident interview/observation audits were completed five times weeklyincluding weekend days x 4 weeks for compliance</p> <p>Administrator/designeewill utilize an audit tool to perform random audits five times per week x 30days to ensure staff has comprehended the reporting guidelines includingreporting abuse, neglect, and resident safety concerns.</p>	

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F 0323 SS=G Bldg. 00	<p>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 proper use of a mechanical lift resulting in a fracture for 1 of 3 residents reviewed for accidents (Resident B).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 8/12/15 at 10:35 a.m. Resident B's diagnoses included, but were not limited to, pathological fracture, anxiety, and pain.</p> <p>A health care plan, dated 6/2/15,</p>	F 0323	<p>Results of these audits will be reviewed at the monthly Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is August 28, 2015.</p> <p>Requesting Paper Compliance F323</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Facility reported the incident related to Resident B to the ISDH on July 20, 2015.</p> <p>Corrective Action Plan was reviewed with ISDH surveyor on 8/12/15</p>	08/28/2015

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	<p>indicated Resident B required extensive assistance with activities of daily living. And 2 persons assisting with Hoyer lift (mechanical lift) transfers.</p> <p>A Nursing Progress Note, dated 7/19/15 at 2:30 p.m., indicated "CNA reported resident is on the floor during a transfer. Noted res [resident] laying on floor with pillow under head. Upon head to toe skin assessment, noted res had severe external rotation of left foot with noted left hip pain. Res left in place and notified 911 to transfer resident to nearest hospital. Res coherent and answering questions appropriately to staff. No apparent skin injuries or head injury at this time."</p> <p>A Nursing Progress Note, dated 7/19/15 at 6:48 p.m., indicated the nurse received word from the emergency department that the resident had a fracture of her left tibia/fibula (lower leg bones), the resident was not a surgical candidate, a temporary splint was placed and she would be returning to the facility.</p> <p>The hospital discharge instructions, dated 7/19/15, indicated the diagnosis was closed tibia/fibula fracture.</p> <p>A facility investigation of the injury was reviewed on 8/12/15 at 11:15 a.m. The investigation indicated CNA # 1 asked</p>		<p>CNA #1 received training on Hoyer lifts on April 23, 2015. CNA # 1 was suspended on July 19, 2015. CNA #1 was terminated on July 21, 2015.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>Residents who reside at Cumberland Trace and require a Hoyer Lift to transfer have the potential to be affected by the alleged deficient practice.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>Nursing staff were re-educated utilizing the skills validations for Hoyer Lift Transfers.</p> <p>Current resident's utilizing Hoyer Lift for transfers were re-evaluated by therapy for appropriateness.</p> <p>Current resident's utilizing Hoyer Lift were reviewed for appropriate size sling Hoyer lifts were inspected for proper</p>	

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	<p>another staff for assistance with a Hoyer transfer (mechanical lift) of Resident B. The investigation indicated CNA # 1 indicated he did not wait for assistance to arrive and transferred Resident B by himself. The investigation indicated Resident B slipped out of the mechanical lift sling when he lowered her to the floor. The report indicated Resident B's leg did not "look right" and a nursing assessment was requested.</p> <p>During an interview on 8/12/15 at 1:55 p.m., CNA # 2 indicated she had been in the hallway getting report from another CNA and had not been asked for assistance by CNA # 1, and they had not even seen him go into Resident B's room with the Hoyer Lift.</p> <p>During an interview on 8/12/15 at 2:05 p.m., the DON (Director of Nursing) indicated the expectation was there would be 2 staff members present for every Hoyer Lift transfer. The DON also indicated there was not a specific Hoyer Lift policy, but staff were to follow the Hoyer Lift Skills Validation guidelines as the policy.</p> <p>The "Transferring a Resident With a Hoyer Lift Skills Validation" form was provided by the DON on 8/12/15 at 2:05 p.m. The form indicated:</p>		<p>functioning.</p> <p>Current resident'sutilizing Hoyer lifts care plans were reviewed and updated as needed for appropriatetransfer program.</p> <p>Current resident'sutilizing Hoyer lifts assignment sheets were review and updated as needed.</p> <p>Environmental reviewof rooms of current resident's utilizing Hoyer Lift completed to ensure noobstacles existed during transfer.</p> <p>IV Thefacility will monitor the corrective action by implementing the followingmeasures.</p> <p>Current resident'sutilizing Hoyer Lift with a BIMS 10 or greater were interviewed utilizing anaudit tool for comfort and security during transfers</p> <p>Current resident'sutilizing Hoyer Lift with BIMS less than 10 were observed utilizing an audittool for comfort and security during transfers</p> <p>The audit tools were completed by facilitystaff with each Hoyer lift transfer x 14 days</p> <p>Random Skills validationand resident interview/observation audits were completed five times</p>	

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	<p>"...3. Two staff members are required for a mechanical lift....9. One staff member will man the lift while the other staff member stabilizes the resident's head and feet during the transfer....12. Have a staff member support resident's legs while the other monitors the movement of the lift....14. One staff member moves the lift in position and lines the lift up to the chair, while the other staff member supports the legs and feet during the move...."</p> <p>This federal tag refers to Complaint IN00178334.</p> <p>3.1-45(a)(2)</p>		<p>weeklyincluding weekend days x 6 months for compliance</p> <p>Results of these audits willbe reviewed at the monthly Quality Assurance Committee meeting and frequencyand duration of reviews will be adjusted as needed.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is August 28, 2015.</p>				