

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155689	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/27/2013
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NAME OF PROVIDER OR SUPPLIER COURTYARD HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 COLLEGE AVE GOSHEN, IN 46526
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F000000	<p>This visit was for the Investigation of Complaints IN00121610, IN00124008, and IN00124255.</p> <p>Complaint IN00121610 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00124008 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00124225 - Substantiated. Federal/state deficiencies related to the allegations are cited at F157, F282, and F323.</p> <p>Survey dates: February 25, 26, and 27, 2013</p> <p>Facility number: 000091 Provider number: 155689 AIM number: 100290080</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: SNF: 38 SNF/NF: 117 Total: 155</p> <p>Census payor type: Medicare: 25 Medicaid: 88 Other: 42</p>	F000000	<p>Please accept this Plan of Correction as our facility's Credible Allegation of Compliance for the survey completed on 2/27/13 to investigate complaints IN00121610, IN00124008, and IN00124255. Submission of this Plan of Correction is not an admission by Courtyard Healthcare Center that the deficiencies alleged in the survey are accurate or that they depict the quality of nursing care and services provided to the residents of our facility. This Plan of Correction is being submitted solely because doing solely because it is required by State and Federal law.</p>	
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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>Total: 155</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on March 06, 2013; by Kimberly Perigo, RN.</p>						

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record reviews and interviews, the facility failed to notify the family following an incident during transfer of a dependent resident which resulted in a fractured hip for 1</p>	F000157	F157 NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC.) Facility will continue to immediately inform the resident; consult with the resident's physician; and if known, notify the	03/29/2013

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	<p>of 4 residents reviewed for changes in condition. (Resident "B")</p> <p>Finding includes:</p> <p>The record of Resident "B" was reviewed on 02/25/13, at 11:00 a.m. Resident "B" was admitted to the facility on 09/22/06 with diagnoses including, but not limited to, aphagia, congestive heart failure, osteoarthritis: multiple sites, HTN (Hypertension), cardio-vascular disease, dementia, chronic kidney disease, edema, depression, and aseptic necrosis of head and neck of femur.</p> <p>Review of an MDS Assessment (Minimum Data Set- a tool to assist planning of resident care), dated 11/19/12, indicated Resident "B" was severely cognitively impaired, required extensive assistance of 2 or more staff for transfers from bed to chair and had limited ROM (Range of Motion: ability to move arms and legs) for both her upper and lower body limbs.</p> <p>Review of Progress Notes indicated: "02/04/13 10:51 [10:51 a.m.] Nurses Note: Weekly skin assessment revealed no new areas...."</p>		<p>resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and the potential for requiring intervention; a significant change in the resident's physical, mental, or psychosocial status; a need to alter treatment significantly; or a decision to transfer or discharge the resident from the facility.</p> <p>Corrective Actions: As noted in the 2567, resident's physician and family were both notified of the incident prior to the survey. To ensure appropriate notifications were made regarding the facility's residents during the timeframe of the incident noted in the 2567, Nursing Managers reviewed all incident reports generated during the month of February 2013, auditing them for compliance with respect to family and physician notification. For all incidents where proper notification was not found, Nursing Managers provided notification.</p> <p>How Others Identified: All residents having a change of condition and/or an accident or incident that results in injuries</p>				

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	<p>"02/07/13 16:11 [4:11 p.m.] Social Service Progress Note: During this assessment period... resident is dependent on staff to anticipate all ADL (Activities Daily Living) needs and want. Resident is unable to voice needs. She is dependent on staff to transport her to meals and to feed her..."</p> <p>"02/07/13 23:21 [11:21 p.m.] Nurses Note: Nurse [name] came to med room where nurse [name] was and states, [Res "B" name] is on the floor. Upon arrival to room, found CNA [name] sitting on floor with residents head in her lap, second CNA [name] was standing next to hoyer lift. I asked what happened and CNA explained that one of the loops that hold the hoyer sling was not placed properly and resident was not being lifted in safe position. So, as one CNA held onto resident and other operated lift, they lowered resident to floor to prevent a fall or injury. So, sling was repositioned under resident, reattached to hoyer and with assist of three, hoyer lifted resident and placed her in wheelchair. MD notified...."</p> <p>"02/08/13 13:04 [1:04 p.m.] Nurses Note: Res. has red/purple bruising to face and chin measuring 2 cm [centimeters] x 1 cm, 0.7 cm x 0.9 cm,</p>		<p>have the potential to be affected by this alleged deficient practice. Preventative Measures: Nurses will be trained on physician/family notification protocols (as per F157) and the "Change in a Resident's Condition or Status" policy noted in the 2567. Monitoring: Nursing Managers will review 24 Hour Reports and Incident Reports to ensure that physician and family notification have taken place when appropriate. Such monitoring will be done 5x/week for one month, then 3x/week for one month, then once/week for four months. The results of these audits will be submitted to the facility's Quality Assurance / Performance Improvement (QAPI) Committee for review on a monthly basis. As the facility's standard is for proper notification to occur whenever a resident has a change as defined in F157, records will be audited for beyond the six month period of time if facility fails to achieve 100% compliance with notification requirements in the 6 th month of auditing. In such case, auditing will continue until the facility achieves 100% compliance in the 6 th month of monitoring. Date of Completion: March 29,</p>		

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	<p>and 0.6 cm x 0.6 cm. Physician notified. Family notified...."</p> <p>"02/10/13 13:30 [1:30 p.m.] Nurses Note: I was told by the CNA to come and look at residents leg and I witnessed a large bruise on her right leg and knee that was blue and purple in color and had blisters in the lower part of bruise on the leg. Resident was assessed and the on call nurse, family and physician were notified..."</p> <p>Review of a Radiology (X-Ray) reports from the Acute Care Facility, indicated: "02/11/13...Right knee, 2 views: There is a mildly displaced fracture of distal shaft of femur..."</p> <p>Review of the Progress Notes did not indicate the family of Resident "B" was notified following the Hoyer transfer incident.</p> <p>A confidential interview, on 02/27/13 between 9:30 a.m. and 12:00 p.m., indicated the family was not made aware of the Hoyer transfer incident until after the resident's X-Ray reports were received on 02/11/13.</p> <p>The Assistant Administrator faxed a copy of a previously requested Policy</p>		2013				

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	<p>& Procedure on 02/27/13 at 4:30 p.m. The Policy, titled, "Change in a Resident's Condition or Status: 4/2007", indicated: "Policy Statement: Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status...</p> <p>3. Unless otherwise instructed by the resident, the Nurse Supervisor/Charge Nurse will notify the resident's family or representative (sponsor) when:</p> <p>a. The resident is involved in any accident or incident that results in an injury including injuries of an unknown source;..."</p> <p>This Federal tag relates to Complaint IN00124255.</p> <p>3.1-5(a)(1)</p>						

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F000282 SS=D	<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 record reviews and interviews, the facility failed to ensure nursing assessments were done following a Hoyer transfer (a mechanical lift to transfer dependent residents) incident for 1 dependent resident (Resident "B") and following a complaint of focused pain for 1 dependent resident (Resident "G") for 2 of 4 residents reviewed for assessments in a sample of 4. Both residents had incurred unknown fractures.</p> <p>Findings include:</p> <p>1. The record of Resident "B" was reviewed on 02/25/13 at 11:00 a.m. Resident "B" was admitted to the facility on 09/22/06 with diagnoses including, but not limited to, aphagia, congestive heart failure, osteoarthritis: multiple sites, HTN (Hypertension), cardio-vascular disease, dementia, chronic kidney disease, edema, depression, and aseptic necrosis of head and neck of femur.</p>	F000282	<p>F282 SERVICES PER QUALIFIED PERSONS/PER PLAN OF CARE The facility will continue to provide or arrange for services provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Corrective Actions: The nurses who failed to properly assess residents "B" and "G" were counseled. Nurses will be re-trained on the need to assess residents post-fall and when complaining of pain.</p> <p>To ensure appropriate notifications were made regarding the facility's residents during the timeframe of the incident noted in the 2567, Nursing Managers reviewed all incident reports generated during the month of February 2013, auditing them for compliance with respect to family and physician notification. For all incidents where proper notification was not found, Nursing Managers provided notification.</p>	03/29/2013			

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	<p>Review of an MDS Assessment (Minimum Data Set- a tool to assist planning of resident care), dated 11/19/12, indicated Resident "B" was severely cognitively impaired, required extensive assistance of 2 or more staff for transfers from bed to chair and had limited ROM (Range of Motion: ability to move arms and legs) for both her upper and lower body limbs.</p> <p>Review of Progress Notes indicated: "02/04/13 10:51 [10:51 a.m.] Nurses Note: Weekly skin assessment revealed no new areas...."</p> <p>"02/07/13 16:11 [4:11 p.m.] Social Service Progress Note: During this assessment period... resident is dependent on staff to anticipate all ADL [Activities Daily Living] needs and want. Resident is unable to voice needs. She is dependent on staff to transport her to meals and to feed her..."</p> <p>"02/07/13 23:21 [11:21 p.m.] Nurses Note: Nurse [name] came to med room where nurse [name] was and states, [Res "B" name] is on the floor. Upon arrival to room, found CNA [name] sitting on floor with residents head in her lap, second CNA [name] was standing next to hooyer lift. I</p>		<p>How Others Identified: All residents requiring assessment for a change of condition, post-incident, or while experiencing pain have the potential to be affected by this alleged deficient practice.</p> <p>Preventative Measures: A member of the nursing management will assess residents post-fall and after a new complaint of pain within 24 hours of the incident or reporting. The nursing manager will complete similar assessments for three days post-incident or post-report. The post-incident assessment was modified to include family notification, physician notification, internal and external rotation of extremities (post-fall), and range of motion (post-fall). Monitoring: DON (or designee) will audit the records of all residents with falls and/or new complaints of pain to ensure that the residents were assessed within the 24 hour timeframe and for three days post-fall or post-report. Such auditing will occur 5x/week for one month, then 3x/week for one month, then once/week for four months. The results of these audits will be submitted to the facility's Quality Assurance / Performance Improvement (QAPI) Committee for review on a monthly basis.</p> <p>As the facility's standard is for complete and thorough</p>	

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	<p>asked what happened and CNA explained that one of the loops that hold the hoyer sling was not placed properly and resident was not being lifted in safe position. So, as one CNA held onto resident and other operated lift, they lowered resident to floor to prevent a fall or injury. So, sling was repositioned under resident, reattached to hoyer and with assist of tree, hoyer lifted resident and placed her in wheelchair. MD notified...."</p> <p>"02/08/13 13:04 [1:04 p.m.] Nurses Note: Res. has red/purple bruising to face and chin measuring 2 cm (centimeters) x 1 cm, 0.7 cm x 0.9 cm, and 0.6 cm x 0.6 cm. Physician notified. Family notified...."</p> <p>"02/10/13 13:30 [1:30 p.m.] Nurses Note: I was told by the CNA to come and look at residents leg and I witnessed a large bruise on her right leg and knee that was blue and purple in color and had blisters in the lower part of bruise on the leg. Resident was assessed and the on call nurse, family and physician were notified..."</p> <p>"02/11/13 15:57 [3:57 p.m.] Nurses Note: Upon assessment of resident's RLE [Right Lower Extremity], weak pedal (foot) pulses intact, temperature</p>		<p>post-incident assessments, facility will continue its audits of post-incident assessments beyond the six month period if the facility fails to achieve 100% compliance with notification requirements in the 6 th month of auditing. In such case, auditing will continue until the facility achieves 100% compliance in the 6 th month of monitoring. Date of Completion: March 29, 2013</p>				

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	<p>of toes comparative r/t [related/to] LLE [Left Lower Extremity].</p> <p>"02/11/13 16:25 (2:25 p.m.) Nurses Note: Resident care to [EMS name]...Resident transferred to stretcher for transport to [Acute Care Facility: hospital name]."</p> <p>Review of a Radiology (X-Ray) reports from the Acute Care Facility, indicated: "02/11/13...Right knee, 2 views: There is a mildly displaced fracture of distal shaft of femur..."</p> <p>The DNS (Director Nursing Services) was interviewed on 02/25/13 at 1:08 p.m. The DNS indicated the facility's investigation identified Resident "B" was not fully assessed for injury by the nurse following the incident and prior to returning the resident to her bed with the Hoyer. The DNS indicated Resident "B" was sent to a local ACF (Acute Care Facility: hospital) on 02/11/13 after the X-Ray results were received. The resident did not return to the facility and expired while in the care of Hospice.</p> <p>2. The record of Resident "G" was reviewed on 02/26/12 at 9:00 a.m. Resident "G" was admitted to the facility on 05/09/86 with diagnoses</p>			

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	<p>including, but not limited to, aphasia, dysphagia, abnormal posture, depression, cerebral palsy, and anxiety.</p> <p>Review of a MDS (Minimum Data Set- a tool to assist planning of resident care), dated: 10/29/13, indicated Resident "G" was cognitively intact, totally dependent and required assistance of 2 or more staff for transfers from bed to chair, limited ROM (Range of Motion: ability to move arms and legs) for both her upper and lower body limbs.</p> <p>Review of Progress Notes indicated: "01/10/13 16:44 [4:44 p.m.] Nurses Note: Res (resident) stated she broke her leg on 3rd shift. 3rd shift nurse, wrapped leg in kerlex per resident request. Res asked what happened. No explanation given. Denies pain. Leg examined, no edema, discoloration noted. Pedal [foot] pulse present. Res wants kerlex left in place. MD notified...."</p> <p>"01/12/13 13:34 [1:34 p.m.] Nurses Note: In to put resident in bed, c/o [complain of] pain found bruising to left leg, informed nurse responsible for her and will continue to monitor."</p> <p>"01/12/13 15:09 [3:09 p.m.] Nurses</p>			

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	<p>Note: While transferring res from W/C [wheel chair] to bed. Res c/o pain left lower leg. Found 9 cm (centimeter)x 5.5 cm bruise - purple/green in color. MD and family notified. New orders for x-ray obtained. Await results..."</p> <p>Review of the Progress Notes indicated there was no nursing assessment following the 01/10/13 entry until the 01/12/13 15:09 entry.</p> <p>Review of a Radiology (X-Ray) report, indicated: "01/12/13...Left Femur, 2 views... 1. Acute mildly displaced supracondylar fracture..."</p> <p>The physician was notified of the portable X-Ray results and Resident "G" was then transported to a local ACF (Acute Care Facility: hospital). A Progress Note indicated: "01/13/13 00:32 [12:32 a.m.] Nurses Note: Resident returned to facility at 0020 [12:20 a.m.] on 01/13/13. Resident was assessed...Resident's left lower extremity has a fiberglass cast with an ace wrap overlaying the cast. The ace wrap extends from mid-thigh to ankle...."</p> <p>The DNS was interviewed on 02/27/13 at 10:00 a.m. The DNS</p>			

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	<p>indicated the facility's investigation indicated Resident "G" should have been assessed more frequently following the resident indicating her leg was broken on 01/10/13.</p> <p>The Assistant Administrator faxed a copy of a previously requested Policy & Procedure on 02/27/13 at 4:30 p.m. The Policy, titled, "Resident Examination and Assessment: 4/2007", indicated:</p> <p>"Purpose: The purpose of this procedure is to examine and assess the resident for any abnormalities in health status, which provides a basis for the care plan....</p> <p>c. Musculoskeletal: gait mobility and range of motion of extremities joint deformity fractures contractures muscle tone...</p> <p>h. Skin intactness moisture color texture presence of bruises, pressure sores, redness, edema, rashes..."</p>			

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	This Federal tag relates to Complaint IN00124255. 3.1-35(g)(2)				

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F000323 SS=G	<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 reviews and interviews, the facility failed to ensure a Hoyer (a mechanical lift to transfer dependent residents) transfer sling was securely in place prior to transfer, from bed to wheelchair, which resulted in the dependent resident being lowered to the floor and sustaining a fracture, for 1 of 4 residents reviewed for accidents in a sample of 4. (Resident "B")</p> <p>Finding includes:</p> <p>The record of Resident "B" was reviewed on 02/25/13 at 11:00 a.m. Resident "B" was admitted to the facility on 09/22/06 with diagnoses including, but not limited to, aphagia, congestive heart failure), osteoarthritis: multiple sites, HTN (Hypertension), cardio-vascular disease, dementia, chronic kidney disease, edema, depression, and aseptic necrosis of head and neck of femur.</p> <p>Review of an MDS Assessment</p>	F000323	<p>F323 FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES Facility will continue to ensure that the resident environment remains as free of accident hazards as is possible; and that each resident receives adequate supervision and assistance devices to prevent accidents. Corrective Actions: The staff involved in the transfer resulting in injuries to resident "B" were counseled. The hoyer lift manufacturer was queried as to what options were available to reduce the risk of the hoyer slings slipping. Protective clips were ordered and applied to the hoyer lifts of the type involved in the incident with resident "B". How Others Identified: All residents being transferred with the assistance of the hoyer lift have the potential to be affected by this alleged deficient practice. Preventative Measures: Nursing staff was re-trained on the proper use of the hoyer lift and appropriate lifting techniques. The hoyer lift manufacturer was queried as to what options were available to reduce the risk of the hoyer slings slipping. Protective clips were ordered and applied to</p>	03/29/2013			

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	<p>(Minimum Data Set- a tool to assist planning of resident care), dated 11/19/12, indicated Resident "B" was severely cognitively impaired, required extensive assistance of 2 or more staff for transfers from bed to chair and had limited ROM (Range of Motion: ability to move arms and legs) for both her upper and lower body limbs.</p> <p>Review of Progress Notes indicated: "02/04/13 10:51 [10:51 a.m.] Nurses Note: Weekly skin assessment revealed no new areas...."</p> <p>"02/07/13 16:11 [4:11 p.m.] Social Service Progress Note: During this assessment period... resident is dependent on staff to anticipate all ADL [Activities Daily Living] needs and want. Resident is unable to voice needs. She is dependent on staff to transport her to meals and to feed her her..."</p> <p>"02/07/13 23:21 [11:21 p.m.] Nurses Note: Nurse [name] came to med room where nurse (name) was and states, (Res "B" name) is on the floor. Upon arrival to room, found CNA [name] sitting on floor with residents head in her lap, second CNA [name] was standing next to hooyer lift. I asked what happened and CNA</p>		<p>the hooyer lifts of the type involved in the incident with resident "B".</p> <p>Monitoring: Transfers performed via hooyer lift will be observed by members of the management staff to ensure that the hooyer lifts are being utilized properly and that the slings are being securely attached. 10 transfers per week will be observed for each of the first four weeks, with 5 transfers per week being observed for each of the next 20 weeks.</p> <p>Documentation of these observations will be submitted to the facility's Quality Assurance / Performance Improvement (QAPI) Committee for review and follow-up on a monthly basis.</p> <p>As the facility's standard is for all hooyer transfers to be conducted in a way that ensures the highest possible level of safety to our residents, monitoring will continue after six months if the facility fails to achieve 100% compliance with safe hooyer practices in the 6 th month of monitoring.</p> <p>Date of Completion: March 29, 2013</p>				

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	<p>explained that one of the loops that hold the hoyer sling was not placed properly and resident was not being lifted in safe position. So, as one CNA held onto resident and other operated lift, they lowered resident to floor to prevent a fall or injury. So, sling was repositioned under resident, reattached to hoyer and with assist of tree, hoyer lifted resident and placed her in wheelchair. MD notified...."</p> <p>"02/08/13 13:04 [1:04 p.m.] Nurses Note: Res. has red/purple bruising to face and chin measuring 2 cm [centimeters] x 1 cm, 0.7 cm x 0.9 cm, and 0.6 cm x 0.6 cm. Physician notified. Family notified...."</p> <p>"02/10/13 13:30 [1:30 p.m.] Nurses Note: I was told by the CNA to come and look at residents leg and I witnessed a large bruise on her right leg and knee that was blue and purple in color and had blisters in the lower part of bruise on the leg. Resident was assessed and the on call nurse, family and physician were notified..."</p> <p>"02/11/13 15:57 [3:57 p.m.] Nurses Note: Upon assessment of resident's RLE [Right Lower Extremity], weak pedal [foot] pulses intact, temperature of toes comparative r/t [related/to]</p>			

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	<p>LLE [Left Lower Extremity]."</p> <p>"02/11/13 16:25 [2:25 p.m.] Nurses Note: Resident care to [EMS name]...Resident transferred to stretcher for transport to [Acute Care Facility: hospital name]."</p> <p>Review of a Radiology (X-Ray) reports from the Acute Care Facility, indicated: "02/11/13...Right knee, 2 views: There is a mildly displaced fracture of distal shaft of femur..."</p> <p>The DNS (Director Nursing Services) was interviewed on 02/25/13 at 1:08 p.m. The DNS indicated the facility's investigation indicated the CNA noted as the resident was being elevated in the transfer sling one of the loops was not securely in place, resulting in the resident's position being unbalanced. The DNS indicated a CNA supported the resident's body as the sling was lowered to the floor. The resident was then realigned in the sling and transferred back to bed with the Hoyer lift. The DNS indicated Resident "B" was not fully assessed for injury by the nurse following the incident and prior to returning the resident to her bed. The DNS indicated Resident "B" was sent to the Emergency Room of a local</p>						

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	<p>ACF (Acute Care Facility: hospital) on 02/11/13 after the X-Ray results indicating a fractured femur were received. The resident did not return to the facility and expired while in the care of Hospice.</p> <p>The DNS provided information, on 02/27/13 at 10:08 a.m., in regards to a facility inservice on 07/31/12, 08/14/12 and 08/17/12, titled, "HOYER: How To Use A Patient Lifter: A Positioning and Transfer Guide".</p> <p>Review of the instruction manual indicated:</p> <p>"...3. Roll the base as far under bed as possible locating the cradle (cross arms which support the sling) over the patient. Take care not to lower the frame onto the patient....</p> <p>4. When both sides of the sling are attached to their respective sides of the cradle, raise the patient slowly. If patient is in hospital bed, it will help to raise head of bed. Repositioning of patient may be needed to ensure that a safe sitting position is attained as the patient is raised....</p> <p>5. Raise patient until buttocks are just above mattress....Grasp patient's legs and turn patient so her legs dangle off side of bed....</p> <p>6. Grasp steering handles and move lifter away from bed. Move the</p>						

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	<p>patient into position over the seat of a locked wheelchair...."</p> <p>This Federal tag relates to Complaint IN00124255.</p> <p>3.1-45(a)(2)</p>				