

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 02/03/2012
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NAME OF PROVIDER OR SUPPLIER  FRIENDS FELLOWSHIP COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2030 CHESTER BLVD RICHMOND, IN 47374
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R0000	<p>This visit was for a State Licensure Survey and a State Residential Licensure Survey.</p> <p>Survey dates: January 31, February 1, 2, and 3, 2012</p> <p>Facility number: 001128 Provider number: 001128 AIM number: NA</p> <p>Survey team: Sharon Lasher RN, TC (January 31, February 1 and 3, 2012) Barbara Gray RN Leslie Parrett RN (February 1, 2, and 3, 2012) Angel Tomlinson RN (February 3, 2012)</p> <p>Census bed type: NCC: 61 Residential: 142 Total: 203</p> <p>Census payor type: NCC: 61 Residential: 142 Total: 203</p> <p>NCC sample: 5 Residential sample: 9</p>	R0000		
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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>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2/7/12 by Jennie Bartelt, RN.</p>				

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R9999	<p>3.1-45 ACCIDENTS</p> <p>(a) The facility must ensure the following:</p> <p>(2) Each resident receives adequate supervision and assistive devices to prevent accidents.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to use a Mechanical Lift according to the manufacturer's operating instructions to prevent a potential accident, for 1 of 1 resident observed for Mechanical Lift transfer and 1 of 2 observations, in a sample of 5. (Resident #113)</p> <p>Findings include:</p> <p>Resident #113's record was reviewed on 1/31/12 at 1:05 P.M. Diagnoses included, but were not limited to dementia, psychosis, anxiety, and seizure disorder.</p> <p>On 2/1/12 at 2:42 P.M., Resident #113 was observed being transferred from her wheelchair to her bed with the assistance of CNA #1 and CNA #2, with the use of a Hoyer Medicare Lift. CNA #1 spread the</p>			R9999	<p>The corrective action accomplished for the resident found to have been affected by not ensuring that the resident receives adequate supervision and assistive devices to prevent accidents is as follows: 1. The staff assigned to care for the dependent resident was immediately in-serviced on the proper operation of the Hoyer Medicare Lift, as outlined in the Operator's Manual for the Hoyer Medicare Lift. 2. The staff assigned to care for the dependent resident gave a return demonstration under the supervision of a nurse to ensure they were knowledgeable regarding the proper operation of the Hoyer Lift to transfer a dependent resident. To identify other residents having the potential to be affected by not ensuring that each resident receive adequate supervision and assistive devices to prevent accidents the following steps were taken: 1. All residents who were dependent and requiring the use of a mechanical lift for transfers were identified by the Director of Nursing. 2. All staff assigned to provide care for dependent residents requiring the use of a mechanical lift for transfer was in-serviced on the proper operation of the Hoyer Lift as outlined in the Operators Manual for the Hoyer Medicare</p>		02/28/2012

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	<p>Hoyer Lift legs around Resident #113's wheelchair and locked the rear wheel castors. After the Hoyer Lift sling was attached and Resident #113 was lifted into the air, CNA #1 unlocked the Hoyer Lift's rear wheel castors. CNA #1 maneuvered Resident #113 over her bed and locked the Hoyer Lift's rear wheel castors. Resident #113 was then lowered to her bed.</p> <p>An interview with CNA #1 at that time indicated she was trained to lock the Hoyer Lift's rear wheel castors when she raised or lowered a resident. An interview with CNA #2 at that time indicated she was trained to lock the Hoyer Lift's rear wheel castors when she lifted or lowered a resident.</p> <p>An interview with QMA #3 on 2/3/12 at 10:45 A.M., indicated she trained staff on the proper use of the Hoyer Medicare Lift. QMA #3 indicated she used the Hoyer Medicare Lift manual as her training guide. QMA #3 indicated she had never trained any staff to lock the rear wheel castors on the Hoyer Medicare Lift. She indicated the rear wheel castors are locked on the Sit to Stand Medicare Lift, when lifting or lowering a resident, but not the Hoyer Medicare Lift.</p> <p>The Validation Of Competency for the</p>		<p>Lift. To ensure that all residents receive and continue to receive adequate supervision and assistive devices to prevent accidents the following steps will be taken: 1. All nursing staff will be in-serviced regarding the use and proper operation of a mechanical lift. a. The Director of Nursing will designate a minimum of two nursing staff members as trainers for the proper use of the mechanical lifts. b. The designated trainers will be familiar with the Operator's Manual for the Hoyer Medicare Lift and the Sit to Stand Medicare Lift and be knowledgeable about the proper use of these mechanical lifts. c. The designated trainers will provide an in-service to all nursing staff regarding the proper operation of the Hoyer Lift and Sit to Stand Lift as outlined in the Operator's Manual for the Hoyer Medicare Lift and Sit to Stand Medicare lift. d. All nursing staff will demonstrate knowledge of the cautions to be observed when using the mechanical lifts and the proper operation of these mechanical lifts as outlined in the Operator's Manual for the Hoyer Medicare Lift and the Sit to Stand Medicare Lift.</p> <p>2. All licensed and certified nursing employee orientation will include training on the proper use of the mechanical lifts. a. Training will be provided by a designated trainer who will use</p>				

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	<p>Hoyer Mechanical Lift for CNA #1 and CNA #2 was provided by the DON on 2/3/12 at 11:20 A.M. The Validation of Competency for the Hoyer Mechanical Lift signed by CNA #1 on 7/19/11, and CNA #2 on 11/28/11, did not indicate to lock the rear wheel castors when lifting or lowering a resident.</p> <p>The Operator's Manual for the Hoyer Medicare Lift provided by Medical Records on 2/3/12 at 11:50 A.M., indicated the following: "CAUTION: When lifting and lowering from a wheelchair, do not lock the wheels of the lift. However, always lock the wheels of the wheelchair."</p> <p>3.1-45(a)(2)</p>		<p>the Operator's Manual for the Hoyer Medicare Lift and the Sit to Stand Medicare Lift as a training guide. b. The Validation of Competency Record for the Hoyer and Sit to Stand Lift will be updated to include employee's knowledge of the cautions to be observed when using a mechanical lift. (see exhibit A) c. The nursing employee will be required to demonstrate to the designated trainer the proper operation of the Hoyer and Sit to Stand lifts to ensure that they are knowledgeable regarding the operation of the mechanical lifts. d. The designated trainer will document that the employee correctly demonstrated the appropriate use of the Hoyer and Sit to Stand lifts on the Validation of Competency Record. e. When the training is complete the trainer and the employee will sign the Validation of Competency Record indicating that the employee is knowledgeable in the operation of the mechanical lifts. f. The Validation of Competency Record will be maintained in the employee's file. g. Each nursing staff employee, as part of their orientation, will receive a copy of the transfer policy and written operating instructions for the Hoyer and Sit to Stand lift. The corrective actions will be monitored in the following ways to ensure the deficient practice will not recur: 1. The designated trainers will conduct random and</p>	
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			monthly observations to monitor that staff are properly operating the mechanical lifts and will provide the Director of Nursing or her designee a monthly report of their findings. 2. The Quality Assurance Committee will review the results of the monthly audits quarterly.	