STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155658	A. BUILDING 00 B. WING	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WESLEY MANOR HEALTH CENTER	1555 N MAIN ST FRANKFORT, IN 46041

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00418063. Complaint IN00418063 - Federal/state deficiencies related to the allegations are cited at F689. Survey date: September 28, 2023 Facility number: 001152 Provider number: 155658 AIM number: 200221050 Census Bed Type: SNF/NF: 91 Total: 91 Census Payor Type: Medicare: 4 Medicaid: 82 Other: 5 Total: 91 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on October 6, 2023.	F 0000	Wesley Manor considers itself a partner with regulatory agencies and others who monitor the quality of care and services, and we welcome feedback received by these entities to continually improve the care and services that we provide. We submit this Plan of Correction in recognition of the importance of receiving this feedback to continually refine our practices. This Plan of Correction constitutes the written allegation of compliance for the deficiency cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Wesley Manor desires this Plan of Correction to be considered our Allegation of Compliance. Compliance is effective on October 20, 2023.	
F 0689 SS=G Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Gary Brent Waymire	Executive Director / Administrator	10/18/2023

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	adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to protect a resident from injury while walking with the resident from the bathroom to the resident's recliner without using a gait belt for 1 of 3 residents reviewed for accidents. (Resident B) Resident B fell and hit their head resulting in a laceration which was treated with staples and an interval development of a right frontoparietal convexity subdural hematoma (a blood vessel in the space between the skull and the brain was damaged). Finding includes: During an observation, on 9/28/23 at 9:41 a.m., Resident B was observed sitting in a recliner with her feet elevated. She appeared clean and dry and was wearing nonskid socks. There was a walker with a gait belt lying across the top and the room was free of obstacles. Resident B did not verbalize responses to questions, instead she nodded for yes and shook her head for no. She denied pain at the time. An Incident Report to the Indiana State Department of Health, dated 9/21/23, indicated the resident was being assisted by staff from the bathroom after bedtime care. The resident fell, hitting their head on the doorway. The type of injury sustained was a laceration to the head and an interval development of a right frontoparietal convexity subdural hematoma (a blood vessel in the space between the skull and the brain, the subdural space, was damaged). The record for Resident B was reviewed on 9/28/23 at 2:30 p.m. Diagnoses included, but were not limited to, traumatic subdural hemorrhage	F 0689	The facility must ensure that - The resident environment remains as free of accident hazards as possible; and Each resident receives adequate supervision and assistance devices to prevent accidents. **How will corrective action be accomplished for those residents found to have been affected by the alleged deficient practice?** Resident B was assessed immediately by the Nurse, 911 notified and resident sent to IU Frankfort for evaluation and treatment. Resident was returned to Wesley Manor on this same date. The Certified Nurse's Aide, (CNA 1), assisting the resident to transfer without the use of a gait belt was re-educated immediately by the Director of Nursing regarding policy and procedure of gait belt utilization. Corrective disciplinary action was taken with the employee consistent with facility policy. All nursing staff will complete a gait belt usage in-service on Relias, with completion of the in-service on or before October 20, 2023. **Exhibit A** **How will the facility identify other residents having the potential to be affected by the**	10/20/2023

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	without loss of consciousness, metabolic encephalopathy, and Parkinson's disease. A care plan, initiated on 9/17/23 and in effect on the day of the resident's fall, indicated "...Transfer: extensive assistance with 1-2 staff, GB [gait belt], and walker to w/c [wheelchair] ...." A nursing note, dated 9/22/23 at 8:05 a.m., indicated RN 4 was called to the resident's room to find, upon entering, the resident lying on her back in front of the entry door. She had hit her head on the door during the fall and sustained a laceration to the back of her head. At 7:40 p.m., the family and management staff were notified. A nursing note, dated 9/22/23 at 5:16 a.m., indicated the resident was admitted to the hospital with a diagnosis of a traumatic subdural hematoma. Resident B also had a laceration on her scalp and four (4) staples were placed. A Computed Tomography report (CT report), dated 9/21/23, indicated the resident had an internal development of a right frontoparietal convexity subdural hematoma, a mild increase in the size of the left subdural hematoma, and a scalp laceration with staples. A facility document, titled "INVESTIGATION," dated 9/22/23, indicated "...CNA was assisting resident from BR [bathroom] to recliner after hs [hour of sleep/bedtime] care. Per CNA resident got feet tripped up and fell backwards while ambulating hitting her head on door frame. Resident wearing non-skid footwear, using walker, staff s [without] gait belt...." During an interview, on 9/28/23 at 9:44 a.m., CNA 1 indicated the information related to how a		**same alleged deficient practice?** An audit was conducted on October 17, 2023, for all residents requiring a 1-2 person assist with transfers and for appropriate orders in the C.N.A. plan of care regarding use of gait belt with each transfer. **Exhibit B.** The audit found no other residents affected. All nursing staff reviewed the Gait belt policy and if personal gait belt needed replaced, gait belt was replaced. **Exhibit C** **What measures will be put into place or systematic changes made to ensure that the alleged deficient practice will not recur?** Gait belt usage will be reviewed in New Hire Orientation. **Exhibit D** All new hires are issued a gait belt prior to the first day with resident care. **Exhibit E** During new hire training, usage of a gait belt will be demonstrated. **Exhibit F** **How will the facility monitor its corrective actions to ensure that the alleged deficient practice will not recur?** Inservice coordinator will perform a weekly audit **Exhibit G** of no less than 10 resident transfers for 3 months, then weekly audits of no less than 8 resident transfers for 2 months, and then weekly audits for no less	

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	resident transferred could be found in the computer system. She went into the computer system every morning for resident information. During an interview, on 9/28/23 at 9:45 a.m., CNA 2 indicated the information for transfers was in the Kardex found in the computer system. She checked it every morning. During an interview, on 9/28/23 at 9:57 a.m., the Director of Nursing indicted staff were educated on gait belt use in July. They were not re-educated after Resident B's fall in September. During an interview, on 9/28/23 at 10:18 a.m., the Assistant Executive Director indicated audits for gait belt use were being completed. The staff member who did the audits was off on Friday, 9/22/23, and this was why the audit was not completed after the incident on 9/21/23. When the employee returned on Monday, 9/25/23, she was busy auditing other things. During an interview, on 9/28/23 at 11:30 a.m., the Assistant Executive Director indicated the policy, of the facility, was to use a gait belt. During a telephone interview, on 9/28/23 at 1:48 p.m., CNA 3 indicated on the day of the fall, she and RN 4 transferred the resident to the bathroom and then the nurse left the room. After assisting Resident B with toileting, they (CNA 3 and Resident B) were walking from the bathroom and Resident B's feet slipped out from under her. CNA 3 was not using a gait belt. She indicated "my hand was on her back." She did not think about using a gait belt; she had been educated on the facility policy to use a gait belt. She indicated when the nurse came in to initially assist her with getting the resident up, they did not use a gait		than 5 resident transfers for 1 month. Any immediate findings will be reported in the daily morning meeting. Any weekly findings will be discussed in the QAPI Subcommittee Meeting (MEGA Meeting) held each Thursday for the next three months and reported to the QAPI Committee Quarterly. Depending on the progress or lack thereof, the QAPI Committee will determine the reporting frequency on a go forward basis.	

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	belt. She did have access to the Kardex and information on how the resident was to transfer, and checked the information when she charted at about 7-8 p.m. She did not look at the Kardex for transfer information. During an interview, on 9/28/23 at 2:10 p.m., RN 4 indicated she was called to Resident B's room around 7:30 p.m. The resident was observed lying on the floor with her legs extended. Resident B had hit her head. RN 4 did an assessment to include neurochecks and vital signs. The resident did sustain a laceration to the back of her head measuring 1.2 centimeters (cm). She had the CNA get an ice pack. She assessed the resident to make sure Resident B had no hip, neck, or back pain, and then they transferred her to her recliner. RN 4 indicated she did assist the CNA to get the resident up before and they did use a gait belt as well as when they got her off the floor and to her recliner. She did a teachable moment with the CNA after the incident and indicated the Director of Nursing educated/reminded the staff on the Ground Floor Unit, the next day, to use gaits belts. Information related to how to transfer the resident was in the care profile and the physician's orders. During an interview, on 9/28/23 at 2:22 p.m., the Director of Nursing indicated care plan and mobility/transfer information was in the Kardex in the computer system. The CNAs had access to the information. All CNAs had access to the system, and they should always get their orders from that area. When the orders were updated by the nurse, they populate to the Kardex when the care plan was updated. They should not be using a paper sheet. They could use the paper sheet throughout their shift, but if someone was new to the unit or if questioning mobility orders, they should check the Kardex. CNAs did give report			

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	and information was passed on from shift to shift. A facility document, titled "7/24/2023," was received from the Assistant Executive Director on 9/28/23 at 9:00 a.m., indicated "Please review the information in your mailboxes regarding the gait belt policy and mechanical lift use. It is imperative not only for your own safety, but also for the safety of the residents we care for that we follow the appropriate transfer orders...Please sign and return the sheet in your mailbox acknowledging that you received the information...." The document was dated 7/24/23 and signed by CNA 3. At the bottom, it indicated "...9-22-23 Re-educated on gait belt policy..." and was signed by the Director of Nursing and CNA 3. A facility document, titled "Wesley Manor Weekly Audit 2020," was received from the Assistant Executive Director on 9/28/23 at 10:22 a.m. The gait belt audits were dated 9/2/23, 9/9/23 and 9/15/23. There were no further audits completed at the time the documents were provided. A current policy, titled "Nursing Services Policy," dated as last reviewed on 12/2/19 and received from the Assistant Executive Director on 9/28/23 at 9:00 a.m., indicated "...Nursing care is provided to meet resident needs by...Receiving appropriate nursing interventions...Residents will be protected from accidental injury using the proper equipment in a safe manner. Assistance is provided for transfers, including mobility devices as needed...." A current policy, titled "Gait Belts," dated as last revised on 12/14/14 and received from the Assistant Executive Director on 9/28/23 at 2:59 p.m., indicated "...Gait belt availability and use is required at all times...."			

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	This Federal Tag relates to Complaint IN00418063. 3.1-45(a)(2)			