

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/17/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155295	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/25/2018
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NAME OF PROVIDER OR SUPPLIER CLINTON HOUSE HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 809 W FREEMAN ST FRANKFORT, IN 46041
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00266232 and IN00266195. This visit was in conjunction with a Recertification and State Licensure Survey.</p> <p>Complaint IN00266232 - Substantiated. Federal/State deficiencies related to the allegations are cited at F689.</p> <p>Complaint IN00266195 - Substantiated. Federal/State deficiencies related to the allegations are cited at F689</p> <p>Survey dates: June 19, 20, 21,22, 24 and 25, 2018</p> <p>Facility number: 000192 Provider number: 155295 AIM number: 100291120</p> <p>Census Bed Type: SNF/NF: 63 Total: 63</p> <p>Census Payor Type: Medicare: 1 Medicaid: 59 Other: 3 Total: 69</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed on July 2, 2018.</p>	F 0000	<p>This plan of correction constitutes the facility's written credible allegation. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42 CFR 483.</p>	
F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>§483.25(d) Accidents. The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based record review and interview the facility failed to follow safety procedures to avoid injury while transferring a resident with a mechanical lift for 1 of 4 residents reviewed for accidents. (Resident C)</p> <p>Finding includes:</p> <p>The record for Resident C was reviewed 06/26/2018 at 10:10 a.m. Diagnoses included, but were not limited to, cerebral infarction, morbid obesity, cerebral vascular accident and flaccid hemiplegia affecting left dominant side.</p> <p>A self care deficit care plan initiated 04/08/2018 indicated Resident C requires a mechanical lift for transfers.</p> <p>A progress note dated 06/21/2018 at 5:36p.m., indicated Resident C was being transferred from her bed to her wheelchair using a Hoyer lift (a mechanical lift used to transfer residents) with 2 CNA's present when the strap of the Hoyer lift slid off and one side of the Hoyer pad fell off the lift causing the resident to fall to the floor. The resident hit her head causing it to bleed. The nurse came to assess the resident and the physician and POA were notified. The resident was then transferred to the hospital ER by gurney with 2 EMT (emergency medical technician) on</p>	F 0689	<p>F-689</p> <p>Immediate corrective action(s) for those Residents affected by the deficient practice;</p> <p>Nursing staff re-educated of mechanical lift with return demonstrations. Affected Resident C discharged from the facility.</p> <p>Plan / Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken;</p> <p>Current Center Residents have the potential to be affected by this practice Center completed full house audit of Mechanical Lifts and slings to ensure correct function. Facility measures and systemic changes to ensure the deficient practice does not recur;</p> <p>Nursing staff educated of mechanical lift with return demonstration.</p>	07/25/2018

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	<p>the ambulance.</p> <p>A progress note dated 06/21/2018 at 8:35 p.m., indicated the resident returned from the hospital via stretcher and transport staff. The resident was in pain and her hair/head had dried blood in it from the fall. The resident indicated she had a headache and was medicated with pain medication at that time.</p> <p>A progress note dated 06/22/2018 at 12:14 p.m., indicated Resident C was transferred by gurney via ambulance to acute care hospital secondary to fall on 06/21/2018 for reevaluation of left wrist and her scalp had an open area that needed to be closed, the physician was made aware of transfer.</p> <p>A progress note dated 06/22/2018 at 6:26 p.m., indicated Resident C returned from the ER with a gaping wound that was stapled closed.</p> <p>A SBAR (situation background assessment recommendation) note provided by the Director of Nursing on 06/26/2018 at 12:37 p.m., indicated the resident sustained a laceration or cut to her external head from a fall during a transfer from her bed to her wheelchair using a mechanical lift.</p> <p>A document titled "Verification of Incident Investigation/Administrative Summary," provided by the Director of Nursing, on 06/25/2017 at 3:40 p.m., indicated while assisting Resident C from her bed to her wheelchair using a mechanical lift 1 of the 4 mechanical sling straps slipped from the swivel bar and resident fell to the floor. The summary of the investigation indicated, the bottom right hand lift strap came unhooked from the swivel bar and the resident fell to the floor. During an interview with CNA 7, she indicated she was on the left side of the resident,</p>		<p>Facility plan to monitor corrective actions & sustain compliance; Integrate QA Process;</p> <p>DON/designee will Audit of 5 new/current employees weekly x 8 weeks then monthly x 4 to ensure proper lift use and process.</p> <p>Audit findings will be presented to the QAA Committee monthly x 6 months. The QAA Committee will review findings and determine the need for further monitoring and/or education per the QAA process. Compliance will be determined based on results of audits.</p>	

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	<p>placed the resident in the sling and attached the 1st (blue) loop at the to the top of the sling closest to the resident's head, and attached the last (purple) loop at the bottom of the sling closest to the resident's feet. During an interview with CNA 5 , she indicated she was on the residents right side and after placing the resident in the sling she attached the 1st loop (blue) at the top of the sling closest to the resident's head and attaching the last (purple) loop closest to the resident's feet. The mechanical lift that was used to transfer Resident C was inspected and noted to be in good repair with no physical signs of rips, tares, unusual wear and an expiration date of 05/30/2020. There were no concerns with functionality were noted.</p> <p>During an interview with CNA 5 on 06/22/2018 at 4:10 p.m., she indicated she was on the left side of the resident. She then connected the hooks to the sling, blue for the loop closet to the resident's head and purple for the loop closest to the resident's feet. She indicated CNA 7 was on the right side of the resident and she connected the the hooks in the same order. She also indicated CNA 7 was operating the controls of the mechanical lift and when CNA 7 was lowering the resident into the wheelchair the hook came undone on the right side closest to the residents feet and the resident fell out of the sling. She further indicated the Hoyer pad was intact with no rips or tears and must not have been secured in the hook correctly.</p> <p>A policy titled, "Total Mechanical Lift Competency Checklist," provided by the Director of Nursing on 06/25/2018 at 2:00 p.m., indicated "...2. Mechanical Lift Operation...g. Attach the sling straps without pulling or tugging to the desired setting...Gently raise resident minimally</p>			

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	<p>from surface. Unweight [sic] resident from bed. Perform a safety check..."</p> <p>The Portable Patient Lift Operators Manual provided by the Director of Nursing on 06/25/2018 at 2:00 p.m., indicated "...When the sling is a few inches off the surface of the bed and before moving the patient check again to make sure that the sling is properly connected to the hooks of the swivel bar...."</p> <p>This Federal tag relates to complaint IN00266195 and !N00266232.</p> <p>3.1-45(a)(2)</p>				