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| S 000 | Initial Comments<br><br>Annual Health Survey | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations:<br><br>300.610 a)<br>300.1210 b)<br>300.1210 c)<br><br>Section 300.610 Resident Care Policies<br>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.<br>c) Each direct care-giving staff shall review | S9999 | | |

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and be knowledgeable about his or her residents' respective resident care plan.

These requirements are not met as evidenced by:

Based on interview and record review, the facility failed to provide an environment free of accident hazards for 1 (R16) of 4 residents reviewed for accidents in the sample of 42. This failure resulted in R16 acquiring a laceration to her left lower leg resulting in 12 sutures being placed. This past noncompliance occurred between 11/27/24 and 11/28/24.

The findings include:

R16's "Admission Record" documented an admission date of 7/15/2024, and diagnoses including neurocognitive disorder with lewy bodies, weakness, and unspecified diastolic (congestive) heart failure.

R16's Minimum Data Set (MDS), dated 1/3/2025, documented under section GG- Mobility that R16 is dependent, which means helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort for a chair/bed-to chair transfer.

R16's Care Plan documents focus areas of "potential impairment to skin integrity", with an initiation date of 7/18/24, and "Potential for falls/injury r/t (related to) dx (diagnoses) of pain, weakness, visual loss, hx (history) of falls, incontinence, unsteady on feet, need for assistance with personal care, tremors, Parkinson's, abnormalities with gait and mobility", with an initiation date if 7/16/24. Documented interventions for these focus areas include:

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padded bed rails, avoid mechanical trauma, and enablers padded to reduce risk of injury.

R16's "Progress Note", dated 11/27/2025 at 3:00 PM authored by V16 (RN), documented, "during a transfer of (R16) by (V16) and (V15) bumped her left lower leg on a sharp edge of grab bar causing two lacerations. Physician notified and (R16) sent to local emergency via ambulance."

R16's "Progress Note", dated 11/27/2024 at 5:44 PM, authored by V16 (RN) documented R16 returned to the facility with both lacerations to left lower leg sutured at local hospital.

The facility's "Initial Incident Report", dated 11/27/2024 with the final investigation, documents R16's bed rail had been noted to be missing a black safety cap at the end of the bed rail leaving a sharp area open. The bed rail had immediately replaced, and staff provided an in-service on safety measures when transferring dated 11/28/2024.

The facility's "Investigation Report", dated 11/27/2024, for R16's injury documented a predisposing environmental factor marked that furniture needs repair.

R16's after visit summary from the local hospital, dated 11/27/2024, documented under procedure and tests performed during visit had laceration repair. On this same document under Instructions documented follow up for wound re-check, for suture removal.

On 1/16/2025 at 12:23 PM, V7 (Special Care Manager) stated R16 had a laceration to her left lower leg a few months ago. V7 stated she had not been present during the incident, but her

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understanding had been the laceration occurred when R16 had been sitting up to the side of the bed and then transferred to her wheelchair by V14 (Certified Nurse Assistant/CNA) and V15 (CNA), when her left lower leg had gotten caught on the lower metal piece of the grab bar that had a black safety cap cover missing. V7 stated the facility replaced the black safety cap, covered the ending with a pool noodle, and wrapped it with coban for padding.

On 1/16/2025 at 2:22 PM, V8 (Infection Preventionist/IP Nurse) stated R16 did have an incident on 11/27/2024. V8 stated V16 (Registered Nurse/RN) requested for her to come evaluate R16's laceration. V8 stated when she arrived to R16's room, V15 had been applying pressure to R16's left lower leg. V8 stated she had assessed the laceration, and requested for R16 to be sent to the local emergency room for further evaluation. V8 stated her understanding of the incident had been the lacerations occurred while V14 and V15 were transferring R16 to her wheelchair from her bed. V8 stated her understanding is R16 bumped her lower left leg on the edge of her grab bar.

On 1/17/2025 at 9:24 AM, V14 (Certified Nurse Assistant/CNA) stated he had been present during R16's laceration to her left lower leg back in November 2024. V14 stated he and V15 (CNA) had dressed R16 then transferred her to her wheelchair from her bed while using a gait belt. V14 stated after R16 had been transferred, V15 noticed blood on the floor. V14 stated V15 applied pressure to R16's left lower leg, and he had gone to get the nurse to evaluate R16. V14 stated after evaluation by V16 (Registered Nurse/RN) and V8 (IP Nurse), R16 went to the local hospital for evaluation via ambulance. V14 stated R16

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returned from the local hospital with sutures to her left lower leg. V14 stated after the investigation, it appeared that R16 had bumped her left lower leg on the edge of her grab bar that was missing a black safety cover. V14 stated the facility immediately fixed the grab bar with replacing the black safety cover, placed a pool noodle, and covered it with coban wrap.

On 1/17/25 at 9:30 AM, V15 (CNA) stated R16 had been transferred from her bed to wheelchair while using a gait belt. V15 stated she noticed blood on the floor and turned to R16 and lifted her pant legs where she noticed a laceration to R16's left lower leg (calf area). V15 stated she immediately grabbed a clean pillowcase to apply pressure to and elevated her left leg. V15 stated she requested V14 (CNA) to notify the nurse to come to the room. V15 stated V16 (RN) came to the room and evaluated R16. V15 stated R16 had been sent to the local emergency room for further evaluation. V15 stated R16 returned to the facility with sutures to her left lower leg. V15 stated after the investigation, it appeared that R16 had bumped her left lower leg on the edge of her grab bar that was missing a black safety cover. V15 stated the facility immediately fixed the grab bar with replacing the black safety cover, placed a pool noodle, and covered it with coban wrap for padding. V15 verbalized confirmation of her undated investigation statement.

On 1/17/2025 at 9:37 AM, V16 (Registered Nurse/RN) stated she had been called to R16's room to evaluate her. V16 stated when she arrived at the room, V15 (CNA) had been applying pressure to R16's lower leg while she had it elevated. V16 stated she had R16 transferred via ambulance to the local hospital for further evaluation of her left lower leg. V16 stated

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R16 did return to the facility with sutures to the lacerations of her left lower leg. V16 stated upon her assessment, her understanding of the incident had been during R16's transfer by V14 and V15, R16 had bumped her left lower leg on the bottom edge of her grab bar that was missing a black safety cover. V16 stated the facility immediately fixed the grab bar with replacing the black safety cover, placed a pool noodle over it, and covered it with coban wrap for padding.

On 1/16/2025 at 12:25 PM, R16's right lower grab bar was observed to have a pool noodle placed over the black safety cap and coban wrapped around it for padding.

Prior to the survey date, the facility took the following actions to correct the non-compliance:

1. R16's bed rails have been assessed and padded by V1 (Administrator), V3 (Director of Nursing), V25 (Regional Coordinator) on 11/27/2024.

2. All residents with side rails/enablers have been identified on 11/27/2024 by V1 (Administrator), V3 (Director of Nursing), V25 (Regional Coordinator) on 11/277/2024.

3. All side rails/enablers have been assessed and padded, if necessary, by V1 (Administrator), V3 (Director of Nursing), V25 (Regional Coordinator) on 11/27/2024.

4. The Maintenance Director (V26)/Administrator (V1) and or designee will audit to ensure the safety. Any issues identified will be immediately corrected and reviewed during the next regular scheduled QAPI (Quality Assurance and

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| S9999 | Continued From page 6<br>Performance Improvement) meeting with a completion date of 11/28/2024.<br><br>5. Reviewed Facility "Inservice Sign in Sheet", dated 11/27/2024, with education on transfers with limb placement, enabled-bed rails, and resident room floors, re-educated on reporting defects to the maintenance department, transfers, and safe working order. In-service completed by V25 and V26. Staff signatures noted.<br><br>6. Reviewed the Facility "QAPI (Quality Assessment and Performance Improvement) Meeting", dated 11/28/2024, that documented plan of correction including adaptive equipment inspections, side rail/enabler padded, with goals of all enablers will be in safe working order and side rails/enablers will be placed on weekly preventative maintenance schedule with any issues identified will be immediately corrected. Re-education given to all facility personnel on reporting any defects/potential defects to the maintenance department. All plan of correction actions were documented on 11/28/2024 as completed. QAPI form with staff signatures, action plan with goals and target dates completed by 11/28/2024 verified.<br><br>(B) | S9999 | | |