STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015168	A. Building B. Wing	11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Little Sisters of the Poor Sacred Heart Residence	1655 McGill Avenue Mobile, AL 36604

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of facility policies titled Mechanical Lift Policy, Accident/Incident Reports, Residents, and Care Plan, the facility failed to ensure staff followed safe transfer procedures using assistive devices to prevent accidents for Resident Identifier (RI) #2, one of three residents reviewed for accident hazards. Specifically, on 12/05/2024 staff failed to use two staff members while operating the mechanical lift in the morning, and later that same day, failed to use the mechanical lift at all, instead completing a two-person manual transfer. As a result, RI #2 sustained a 10-centimeter (cm) bruise to his/her left lower leg and reported a pain level of seven out of 10. This deficient practice demonstrated a failure to follow established safety procedures placing the resident at risk for injury. Findings Include: On 12/06/2024 at 4:03 PM the State Agency received a Facility Reported Incident (FRI) from the facility alleging an injury of unknown origin was identified on 12/06/2024 at 5:00 AM, during the last round of the night shift a bruise was discovered to RI #2's left lower lateral leg, which caused pain with movement. An undated facility policy titled Mechanical Lift Policy documented: PURPOSE:To ensure the safe handling and moving techniques are use on all Residents during transfers with the mechanical lifts. To ensure all who are involved in mechanical lifting operations fully understand their responsibilities in protecting the health and safety of themselves and others. USE OF THE MECHANICAL LIFT: .2. All mechanical lifts are to be performed by a TWO PERSON ASSIST: . A facility policy titled ACCIDENT/INCIDENT REPORTS, RESIDENTS with a revised date of 08/2017 documented: . DEFINITIONS1. Accident: An event that results in bodily injury or potential injury and/or causes a change in Resident status. A facility policy titled CARE PLAN with a revised date of 08/2017 documented: POLICYEvery Resident has a comprehensive care plan as part of their medical record. PURPOSETo develop quantifiable objectives for the highest level of function the Resident may be able to attain.PROCEDURE1. The comprehensive care plan includes measurable objectives and timetables to meet the Resident's medical, nursing, mental and psychosocial needs as identified in the comprehensive assessment. RI #2 was readmitted to the facility on [DATE] and had diagnoses to include Heart Failure, Chronic Pain, and Cognitive Communication Deficit. RI #2's Quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 10/17/2024 documented Short- and Long-Term Memory problems with severely impaired daily decision-making ability. RI #2's Care Plan with a focus area of being at risk of falls with an initiated date of 03/24/2022 documented interventions to include: . Please transfer me using the full body lift. I am not safe on the stand-up Lift.RI #2's Care Plan with a focus area of Activities of Daily Living with an initiated date of 03/24/2022 documented interventions to include: . TRANSFER: full body lift 2 person assist . RI # 2's progress note signed by Registered Nurse (RN) #5 documented: Effective Date: 12/06/2024 . Type: Health Status Note Text: Resident was observed in bed during rounds, reaching @ (at) lower extremity, grimacing and hollered out hurt. Observations of a 6 in (inch) bruise to LLE (Left Lower Extremity), from knee to mid-calf. LT (Left) knee edema +2 (plus two) noted. No recent falls or injuries noted. Resident was observed positioned in the center of bed, side railing up x 2 (times two), and bed locked and in lowest position, will F/U (follow-up) with staff. Administered PRN (as needed). Tylenol (by mouth), and it was effective. MD . (Medical Doctor) was notified and recommended X ray, will F/U with staff. Safety measures in place, bed locked and in lowest position, call pad @ hip and care resumes. RI #2's Skin assessment performed by the Director of Nursing (DON) on 12/06/2024 at 7:00 AM documented a 10 cm (centimeter) bruise and edema to RI #2's left lower leg. The Medication Administration Record (MAR) for RI #2 for December 2024 recorded that after a bruise was identified on 12/06/2024, the medical doctor prescribed Hydrocodone-Acetaminophen oral tablet was to be given as needed for pain at a frequency of one tablet every six hours; from 12/07/2024 to 12/30/2024, a total of nineteen doses were given to alleviate pain; pain levels were assessed prior to each dose, ranging between zero and six out of 10. The MAR also recorded RI #2 received Tylenol immediately after the bruise was identified on 12/06/2024 at 5:21 AM, with a pain level of 7 recorded. Additionally, four more doses of Tylenol were administered on 12/6/2024 with a pain level range between four and five. The facility investigative file for the FRI included an undated and unsigned summary of the incident which documented: . On Friday, 12/06/24 at approximately 5 a.m., (Certified Nursing Assistant) . (CNA #7 and CNA # 8) were performing their last round on the night shift when they noticed a bruise on (RI #2's) left lower lateral leg. They immediately notified the night shift supervisor (RN #5) . Results/FindingsThe investigation revealed that the injury was not an injury of unknown origin, but rather the