

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>045308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>07/24/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Heritage Living Center                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1175 Morningside Drive<br>Conway, AR 72034 |                                                 |
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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility failed to protect the resident's(s) right to be free from neglect for one (Resident #1) of six residents reviewed for neglect. Specifically, the facility failed to ensure a cumulative effect of individual staff failures in the provision of care and services did not lead to an environment promoting neglect, when on 07/09/2026:</p> <p>- At or about 8:55 AM, CNA #1 performed a one-person pivot transfer of Resident #1 to the shower chair, in direct deviation from the resident's established care plan, which required two staff members and a mechanical lift for all transfers. Resident #1 reported to staff she heard a cracking sound and experienced pain in her leg. Cross-Reference &amp;mdash; F689: Please refer to F689 for additional information related to this incident.</p> <p>- LPN #3 failed to identify and assess an acute change in condition for Resident #1 and did not notify the medical provider in a timely manner, resulting in a failure to revise the plan of care and ensure the resident received adequate pain management and timely treatment. At 9:28 AM, following pain medication administration, Resident #1 verbalized a pain level of 7/10, indicating ineffective pain relief; however, LPN #3 did not reassess, report, or follow up with the provider regarding the resident's unresolved pain. Additionally, upon CNA staff reporting Resident #1 was experiencing excruciating pain accompanied by a swollen knee, LPN #3 failed to conduct an immediate nursing assessment, further delaying the identification and treatment of the resident's condition.</p> <p>-CNAs #2 and #4 failed to follow the established care plan interventions for Resident #1, who was actively reporting excruciating pain at the time of care. CNAs #2 and #4 transferred Resident #1 from the shower chair to her bed utilizing a gait belt, despite staff acknowledging awareness that the resident's care plan required the use of a mechanical lift for transfers.</p> <p>As result of these failures, Resident #1 sustained an impacted supracondylar fracture of the distal femur, which was not identified or treated until July 10, 2026 &amp;mdash; the day following the incident. During this period, Resident #1 reported pain levels of 10/10, indicating a significant delay in the recognition and provision of necessary medical treatment.</p> <p>The findings include:</p> <p>A review of Resident #1's quarterly Minimum Data Set, dated [DATE] revealed Resident #1 has a (continued on next page)</p> |                                                                                         |                                                 |

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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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>                                                   | <p>Brief Interview for Mental Status score of 12, indicating the resident was cognitively intact.</p> <p>A review of Resident #1's Medical Diagnosis report revealed Resident #1 had diagnoses which included type 2 diabetes mellitus with diabetic neuropathy, muscle wasting and atrophy, a nondisplaced fracture of greater trochanter of right femur, other disorders of bone density and structure, vitamin deficiency, presence of right artificial hip joint, anemia, other idiopathic peripheral autonomic neuropathy, repeated falls, lack of coordination, and abnormalities of gait and mobility. A review of a Care Plan indicated Resident #1 had an Activities of Daily Living (ADL) self-care performance deficit related to generalized weakness, and a history of fall resulting in right femur fracture and right humerus fracture. Care Plan interventions for transfers (initiation date of 07/17/2025) included the resident required assistance of two staff and use of a mechanical lift for all transfers.</p> <p>A review of Resident #1's [electronic care plan] revealed Resident #1 required two staff and the use of a mechanical lift for transfers.</p> <p>A review of the Progress Notes revealed a secure conversation note, dated 07/09/2026 at 11:52 PM, to the physician concerning Resident #1 complaining of pain to the right knee at a pain level of 10/10. An additional note revealed a request for an x-ray of the knee, dated 7/10/2026. On 07/10/26 at 6:28 AM, the physician answered, yes. The progress notes indicated that mobile X-ray obtained an x-ray of the right knee at 10:50AM, the Medical Doctor was notified of acute impacted supracondylar fracture of the distal femur from the radiology result received on 07/10/2026 at 10:50AM. Ortho appointment scheduled at the walk-in clinic at 1:00 PM.</p> <p>During an interview on 07/20/2026 at 12:45 PM, Resident #1 stated the shower aide stood the resident up without using the lift and when Resident #1 put weight on their knee they heard a cracking noise.</p> <p>During an interview on 07/21/2026 at 10:24 AM, CNA #2 stated they and CNA #1 transferred Resident #1 from the shower chair to the bed without using the mechanical lift. CNA #2 stated they knew the resident required a mechanical lift, stating the lift sling was seen folded and lying in Resident #1's wheelchair at the time. CNA #2 reported having thought about getting the lift and sling but decided not to. CNA #2 stated they felt they could put the resident in bed more comfortably without the lift. CNA #2 stated after they assessed the situation the lift would have been the best way to move the resident, but due to the resident begging them to get them in bed CNA#2 made the decision to transfer the resident without using the lift.</p> <p>During an interview on 07/09/2026 at 10:45 AM, CNA #4 stated CNA #1 asked them to help with Resident #1. CNA #4 stated they went into Resident #1's room where they noticed Resident #1 sitting in their wheelchair and complaining of pain. CNA #4 stated they went and told LPN #3 Resident #1 was in pain and that Resident #1's knee looked swollen. LPN #3 replied to CNA #4 that the resident had just been given a pain pill.</p> <p>During an interview on 07/21/2026 at 12:23 PM, LPN #3 stated CNA #4 informed them that Resident #1 was complaining of knee pain. LPN #3 stated they were passing medication and had pulled some (continued on next page)</p> |                                                                                         |                                                 |

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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>narcotics, and they did not want to leave the narcotics unattended. LPN #3 stated they went to check on Resident #1 after they completed passing those medications, and when she got to the resident's room, Resident #1 was asleep. LPN #3 stated Resident #1 had received pain medication that morning at 5:37 AM and the physician had been notified about the resident's pain at the time the medication was given. LPN #3 stated they asked Resident #1 what was hurting, and Resident #1 said their leg. LPN #1 did not notify the physician that the resident continued to be in pain. LPN #3 stated they checked on the resident a couple more times during their shift and the resident was fine or sleeping. LPN #3 revealed Resident #1 had sustained a break in that leg previously and felt the pain could possibly be related to that. LPN #3 indicated there would be a progress note of their assessment of Resident #1 if an assessment was performed.</p> <p>A review of the Medication Administration Record (MAR) with progress notes revealed that on 07/09/2026 at 5:37AM, Resident #1 received a PRN pain medication for a pain level of 2. On 07/09/2026 at 9:28 AM, LPN #3 followed up on the effectiveness of the pain medication given at 5:37 AM, and noted the medication was ineffective with a pain level of 7. LPN #3 did not provide any further pain medication at that time and did not notify the physician.</p> <p>A review of the MAR Progress Note revealed, on 07/09/2026 at 3:54 PM, LPN #5 administered PRN pain medication and noted Resident #1 had a pain level of 10/10. On 07/09/2026 at 6:29 PM, a follow-up progress note written by the NP revealed a pain scale of 0 for the pain medication given at 3:54 PM.</p> <p>A review of the MAR Progress Note revealed, on 07/09/2026 at 11:52 PM, Resident #1 received PRN pain medication for a pain level of 10/10. LPN #5 notified physician and NP/APRN of Resident #1's complaints of knee pain with pain level of 10/10 and questioned if an x-ray should be obtained. LPN #5 noted resident received PRN pain medication at that time.</p> <p>During an interview on 07/21/2026 at 2:14 PM, the Administrator in Training (AIT) stated they had completed the required investigation and reporting following the initial transfer by CNA #1. The AIT stated they suspended CNA #1 pending a full investigation. The AIT revealed CNA #2 reported to them that they (CNA #1 and CNA #2) transferred Resident #1 back to the resident's bed using a gait belt because the resident was in excruciating pain. CNA #2 stated they did not use the lift because the resident did not have a lift sling under them, and they transferred Resident #1 with a two-person transfer. The AIT stated they trained CNA #2 on notifying the nurse if a resident was a mechanical lift and the resident did not have a mechanical lift sling underneath them. The AIT stated CNA #2 was also trained to let the nurse know before making the transfer. The AIT stated the resident's care plan was designed to meet the resident's specific need, and to make sure the resident was safe [staff] needed to follow the care plan. The AIT stated the staff have access to the residents' closet care plans and to the [electronic care plan], both of which indicated Resident #1 was a mechanical lift. The AIT stated a CNA cannot make an assessment to move a resident using a two-person transfer when the resident was care planned for a mechanical lift transfer. The AIT stated CNA #2 did not follow Resident #1s care plan for transfers.</p> <p>During an interview on 07/22/2026 at 5:03 PM, the Director of Nursing (DON) stated Resident #1 was transferred back into bed by two CNAs using a two-person transfer. The DON stated a two-person (continued on next page)</p> |                                                                                         |                                                 |

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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>transfer was not appropriate for Resident #1 and CNAs do not have the ability to decide to transfer a mechanical lift resident using a two-man transfer. The DON stated the CNAs should have consulted with their nurse before making the two-person transfer because the mechanical lift was deemed as the safest transfer for Resident #1. If [staff] did not follow the resident's care plan an injury could occur. The DON stated the staff were trained and had access to the resident's closet care plan and the [electronic care plan], which told them the appropriate transfer to use. The DON stated the closet care plan was in the resident's closet in their rooms. The DON revealed when a nurse was informed by a CNA that a resident was in pain then the nurse should administer pain medications if the resident had an order and if not, then the nurse should call the physician. The DON reviewed the MAR with progress notes and revealed on 07/09/2026 at 5:37 AM the Resident #1 received (a prescription opioid medicine used to treat severe pain ) with a pain level of 2. The MAR showed the medication was charted as being ineffective. The DON stated LPN #3 did a follow up on the effectiveness of the 5:37 AM pain medications at 9:28 AM and documented it was ineffective with a pain level of 7. The DON indicated they did not see any action by LPN #3 regarding the pain level increase or the ineffectiveness of the pain medication that had been given at 5:37 AM. The DON revealed the resident did have other pain medications that could have been given, but they did not see documentation where any other medication had been given, or that the physician had been notified of the resident's pain level increase.</p> <p>During an interview on 07/23/2026 at 8:32 AM, the Nurse Practitioner (NP) stated that on 07/09/2026 at 10:00 PM, the LPN entered a message in the Electronic Health Record notifying themselves and the physicians that Resident #1 was complaining of right knee pain and asked if the facility should get an x-ray. The NP stated they saw the message the following morning around 9:00 AM. The NP stated that was when they assessed the resident and noted the resident had PRN medication for pain. The NP stated the physician received the same message, and the physician ordered an x-ray and a visit to the walk-in clinic. The NP revealed Resident #1 was seen at the clinic at 1:00 PM.</p> <p>A review of the facility policy and procedure titled Recognizing Signs and Symptoms of Abuse/Neglect with a revised date of April 2021, revealed on item 2. Neglect is defined as failure to provide goods and services as necessary to avoid physical harm, mental anguish, or mental illness. Item 4 listed signs and symptoms of abuse/neglect that should be promptly reported as: injuries that are non-accidental or unexplained.</p> <p>A review of the facility policy and procedure for Safe Lifting and /Movement of Residents, with a revised date of July 2017, revealed on item 3. nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Such an assessment shall include resident's mobility.</p> <p>A review of the facility policy and procedures for Care Plans, Comprehensive Person-Centered revealed, a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Item 3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. Item 7. The comprehensive, person-centered care plan: b. describes the services that are to be furnished to attain (continued on next page)</p> |                                                                                         |                                                 |

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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>or maintain the residents' highest practicable physical, mental, and psychosocial well-being. Item 9. Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making.</p> <p>A review of a facility policy for Pain Assessment and Management with a revised date of October 2022, revealed on item 1. the pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management. 2. Pain management is defined as the process of alleviating the resident's pain based on his or her clinical condition and established treatment goals. 3. Pain management is a multidisciplinary care process that includes the following a. assessing, monitoring, and modifying. 5. Acute pain (or significant worsening of chronic pain) should be assessed every 30 to 60 minutes after the onset and reassessed as indicated until relief is obtained. The policy indicated the following should be reported to the physician or practitioner; Recognizing Pain, Assessing Pain, Identifying the Causes of Pain, Implementing Pain Management Strategies, Monitoring and Modifying Approaches, Documentation; Reporting.</p> <p>A review of CNA #1's Personnel File contained CNA #1's Functional Job Description (FJD), signed on 07/29/2015 by CNA #1. The FJD indicated Personal Nursing Care Functions: Follow patient plan of care as posted for staff in the designated location of the patient room or other area where kept. Follow patient's prescribed transfer plan, level of assistance as communicated in the designated location of the patient room or other area where kept. (I.e., mechanical lift, 2 person, etc.) Assist patient with bath functions (i.e., bed bath, tub or shower bath, etc.) as directed. Assist patients with lifting, turning, moving, positioning, and transporting patients into and out of beds, chairs, bathtubs, wheelchairs, lifts, etc. in accordance with assessed level of necessary assistance. Under the section titled, Special Nursing Care Functions the FJD indicated CNA #1 should report all patient injuries. The Personnel file also contained forms that indicated CNA #1 received training on abuse and neglect on 07/29/2015, and 03/02/2026; and the at CNA #1 signed the lifting policy on 07/29/2015. The lifting policy stated it is the policy of this facility that 2 person lifts, or the use of electronic lifts, by qualified personnel (licensed/certified staff) area mandatory at all times. Failure to follow this policy will result in immediate suspension, and, depending on the circumstances, state abuse/neglect reporting. Disciplinary action may be taken. CNA #1 signed that they watched the DVD on Mechanical Lifts and took the mechanical lift test.</p> <p>A review of in-service training dated 10/14/2025 revealed CNA #1 and LPN #3 received training on abuse/neglect, and resident rights.</p> <p>A review of CNA #2's Personnel File contained CNA #2's signed FJD with a date of 12/01/2025. The FJD indicated CNA#2's personnel functions included: Perform all assigned tasks in accordance with our established policies and procedures, and as instructed by your supervisor. Report all allegations of patient abuse. CNA #2's Personnel File also included a signed copy of the Resident Lifting/Transfer Plan by CNA #2 dated 07/29/2025. The purpose of the policy listed was to establish procedures to ensure the safety of our employees at [the facility] who perform lifting and transfer assistance for our residents with establishing lifting/transfer requirements. Each resident's mobility upon admission will be determined, documented, and communicated to all nursing staff personnel. (continued on next page)</p> |                                                                                         |                                                 |

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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>Resident lifting assistance will be assigned specific levels or categories in order to clearly communicate how staff is to assist the resident. The lifting/transfer assistance levels are: 1 person, 2-person, mechanical lift. Under the section of the policy titled, Communicating Lifting/Transfer Requirements, the policy indicated Closet Care Plans would be used to communicate resident lifting transfer requirements to staff. The Safety Rules was signed by CNA #2 on 07/29/2025 to indicate that CNA #2 understood that all lifting and patient transfers are done following safe lifting and transfer guidelines as lined out in the resident lifting policy. The Personnel file also contained forms to indicate CNA #2 was trained on abuse and neglect on 04/25/2026 and 05/06/2026.</p> <p>A review of in -service training date 02/20/2026 revealed LPN#3 received training on abuse and neglect.</p> |                                                                                         |                                                 |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interviews, record review, and facility document review, the facility failed to ensure staff followed the Care Plan for one (Resident #1) of six residents reviewed. This failed practice led to an avoidable accident in which the resident obtained a fracture of the right distal femur.</p> <p>The findings include:</p> <p>Review of the Medical Diagnosis portion of the electronic health record revealed Resident #1 had diagnoses that included chronic obstructive pulmonary disease, kidney failure, type 2 diabetes, muscle wasting, and atrophy.</p> <p>Review of Resident #1s quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/16/26, revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. The MDS also revealed Resident #1 used a wheelchair for mobility, was dependent on staff for transferring to and from a bed to chair and was dependent on staff for getting in and out of a tub/shower.</p> <p>Review of Resident #1's Care Plan, dated 04/28/26, revealed the resident had a self-care performance deficit related to generalized weakness due to history of a fall resulting in right femur fracture and right humerus fracture. The Care Plan also indicated Resident #1 was dependent on two staff for all transfers with a mechanical lift.</p> <p>Review of an Office of Long-Term Care Reportable which contained the facility investigation reports including multiple witness statements indicated, on 07/09/26 at 8:55 AM, CNA#1 transferred Resident from their bed to a shower chair using a one-person pivot transfer. Resident #1 stated CNA#1 had the resident stand up, after standing the resident stated that they heard a crackling sound when putting their foot on the floor. CNA# 1 stated Resident #1 informed her that their leg hurt. CNA#1 stated that they did not hear a pop or crackling sound.</p> <p>Review of a Radiology Results Report, dated 07/10/2026 at 11:52 AM, revealed a three-view X-ray of the right knee was performed, with an impression of an acute break in the thigh bone just above the knee joint.</p> <p>During an interview on 07/20/2026 at 12:45 PM, Resident #1 stated the shower aide stood the resident up without using the lift and when Resident #1 put weight on their knee they heard a cracking noise.</p> <p>On 07/21/26 at 9:50 AM, an interview with CNA #1 revealed that the CNA entered Resident #1's room and asked the resident if they wanted a shower. CNA #1 stated that Resident #1 complained of knee pain. CNA#1 stated they told nursing staff the resident was in pain, and nursing staff stated the resident had been given pain medication earlier that morning and it was not time yet for another. The CNA then asked Resident #1 if they still wanted a shower and the resident stated, yes. CNA #1 stated they transferred Resident #1 on their own using a pivot transfer. CNA#1 stated when returning from (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>                                                   | <p>the shower room the resident was complaining of worsening knee pain. CNA#1 stated they did not know Resident #1 was care planned for two-person mechanical lift transfers, that they should have looked at the care plan, but did not. On 07/21/26 at 1:20 PM, an interview with Assistant Director of Nursing (ADON) revealed that they were aware CNA#1 had not followed Resident #1's care plan and transferred the resident as a one-person pivot transfer. The ADON stated Resident #1 had been care planned as a two-person transfer with mechanical lift for approximately one year. The ADON stated staff were staff trained to use the resident's closet care plan when caring for residents. The ADON indicated staff have access to task information that indicates which residents are dependent or need substantial assistance. The ADON stated it was important for staff to follow resident care plans and use appropriate lift technique to prevent harm from occurring to residents. The ADON stated that the lift technique used for Resident #1 was inappropriate.</p> <p>On 07/21/26 at 2:14 PM, in an interview with the Administrator in Training (AIT) it was revealed the AIT was responsible for conducting trainings on reading the resident closet care plans. The AIT reported making rounds in each room weekly to ensure the care plan guides were in the resident's closets and ensuring they match the resident care plans. The AIT stated Resident #1's closet care plan was in the resident's closet, and no changes had been made. The AIT stated Resident #1's transfer requirements were for a two-person assist with a mechanical lift. The AIT stated it was important to follow the resident's care plan, due to the care plan being designed to meet each resident's specific needs and to ensure the resident was safe. The AIT stated that CNA #1 was a seasoned CNA and should have known to follow the resident's closet care plan for guidance due to Resident #1 being care planned for transfers with a mechanical lift since June of 2025.</p> <p>On 07/22/26 at 1:37 PM, an interview with the Administrator revealed that Resident #1 was dependent on two staff using a mechanical lift for transfers, and CNA #1 performed a one-person pivot transfer into the shower chair. The Administrator stated CNA#1 reported that Resident #1 was complaining of pain in the leg in which the resident had a previous fracture and was currently taking an as needed pain medication. The Administrator stated CNA #1 transferred Resident #1 improperly, and CNA#1 should have notified nursing staff to determine what would be the safest way to transfer the resident due to Resident #1 being in pain. The Administrator stated that transfer requirements are determined by nursing management and therapy, who complete the assessment. The Administrator stated if a resident was care planned for transfers using a mechanical lift, they should be transferred using a mechanical lift for their safety due to the risk associated with inappropriate transfers.</p> <p>A review of the facility policy and procedures for Care Plans, Comprehensive Person-Centered revealed, a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Item 3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. Item 7. The comprehensive, person-centered care plan: b. describes the services that are to be furnished to attain or maintain the residents' highest practicable physical, mental, and psychosocial well-being. Item 9. Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making.<br/>(continued on next page)</p> |                                                                                         |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>A review of the facility policy and procedure for Safe Lifting and /Movement of Residents, with a revised date of July 2017, revealed on item 3. nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Such an assessment shall include resident's mobility.</p> <p>On 07/22/26 at 5:03 PM, an interview with the Director of Nursing (DON) revealed that CNA#1 transferred Resident #1 using a one-person pivot transfer. The DON stated that Resident #1 was care planned as a two-person transfer with mechanical lift and CNA#1 transferred the resident from the bed to the shower chair [using one staff and no mechanical lift]. The DON stated that staff should follow the resident's care plan because it was the safest for the resident and to prevent injuries from occurring. Review of a facility in-service dated 07/13/2026 indicated that every resident should have a closet care guide, these guides are resident specific and will lead you in providing the adequate care for each resident. If you are ever unsure about a resident's transfer status or other interventions please refer back to the closet care guide. Closet care guides are to be followed and checked daily in case anything has been updated.</p> <p>The facility re-educated CNA #1 on how to properly transfer a resident, the CNA was suspended for three days during the time the facility investigated the situation. The Facility also educated all direct care staff on following the closet care guide. These actions were performed before the survey team entered the facility, resulting in this finding being cited at past non-compliance.</p> |                                                                                         |                                                 |