STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055247	A. Building B. Wing	08/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country Oaks Care Center	215 W Pearl St Pomona, CA 91768

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 - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46687 Based on observation, interview, and record review, the facility failed to ensure four of eight sampled residents (Residents 2, 4, 5, and 6) were free of risk from accidents using an assistive device based on the facility's Policy and Procedure (P&P) titled, Safe Resident Handling/Transfers, and the user manual for Battery Powered Patient Lift, by failing to: 1. Ensure Certified Nurse Assistants (CNAs) 5 and 7 used a Hoyer lift (mobile patient lift that helps caregivers safely transfer people from one surface to another) appropriately to transfer Resident 6 from the bed to geri-chair (large, padded chair designed to help the residents with limited mobility [ability to move]) on 8/12/2024. 2. Ensure CNA 4 used a Hoyer lift with the assistance of another staff member during the transfer of Residents 2, 4, and 5. As a result of these failures, Residents 2, 4, 5, and 6 were at risk for falls and injury due to inappropriate use of the Hoyer lift. Findings: 1. During a review of Resident 6's Admission Record (AR), the AR indicated Resident 6 was admitted to the facility on [DATE] with diagnoses that included functional quadriplegia (complete immobility due to severe disability but without injury to the brain or spinal cord) and spinal stenosis (narrowing of the spinal column) of cervical (neck) spine. During a review of Resident 6's Fall Risk Assessment (FRA) dated 10/18/2023, the FRA indicated Resident 6 was at risk for falls. During a review of Resident 6's Minimum Data Set (MDS- a standardized resident assessment and care screening tool) dated 7/19/2024, the MDS indicated Resident 6 had intact cognition (ability to think remember and function). (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 - Minimal harm or potential for actual harm Residents Affected - Some	The MDS indicated Resident 6 was dependent (helper does ALL of the effort; resident does none of the effort to completely the activity, or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting hygiene, showering/bathing self, lower body dressing, putting on and taking off footwear, going to from sitting to lying (in bed), chair/bed-to-chair transfers, and toilet transfers. The MDS indicated Resident 6 required substantial/maximal assistance (helper does more than half the effort; helper lifts or holds trunk or limbs and provides more than half effort) with oral hygiene, upper body dressing, personal hygiene, and rolling left and right (in bed). The MDS indicated Resident 6 required partial/moderate assistance (helper does less than half the effort and lifts or holds trunk or limbs but provides less than half the effort) with eating. The MDS indicated the activity was not applicable (not attempted and the resident did not perform this activity prior to current illness, exacerbation, or injury) with tub/shower transfers. The MDS indicated the activity was not attempted due to medical condition or safety concerns for sitting to standing and walking 10 feet (unit of measurement). During an observation on 8/12/2024 at 11:25 am, inside Resident 6's room, CNA 5 and CNA 7 were observed transferring Resident 6 from the bed to the geri-chair using a Hoyer lift. CNA 5 was operating the lift while CNA 7 was with Resident 6 at Resident 6's feet. CNA 7 held Resident 6's feet while CNA 5 moved the Resident 6 inside the Hoyer lift from the bed to the geri-chair. CNA 5 held Resident 6's feet until Resident 6 was sitting in the geri-chair. During an interview 8/12/2024 at 11:37 am with Resident 6, Resident 6 stated CNA 7 always held Resident 6's feet when moving Resident 6 in the Hoyer lift. During an interview on 8/12/2024 at 2:14 pm, with the Director of Staff Development (DSD), the DSD stated when using the Hoyer lift, one staff member needed to be operating the lift, and the other staff needed to be on the side of the lift, positioned next to the resident's side, holding the sling that the resident is in to allow for the guiding of the resident to the indicated location and provide safety measure in the event the resident falls. The DSD stated staff were not supposed to hold the resident's feet while the lift was being moved to the desired location because they could not support the resident's body in the event the sling became detached from the lift or the resident slipped out of the sling. During an interview on 8/12/2024 at 2:18 pm, with Los Angeles County Interpreter Services and CNA 7, CNA 7 stated CNA 7 always held a resident by the feet while they were being transferred by Hoyer lift. CNA 7 stated CNAs were not trained to hold a resident by the feet but was worried if the resident's feet were dangling and would hit the chair. CNA 7 stated CNA 7 moved Resident 6 by the feet when transferring Resident 6 to the geri-chair. CNA 7 stated CNA 7 did not hold Resident 6 by the sling even if CNA 7 was educated to do so. 2. During a review of Resident 5's AR, the AR indicated Resident 5 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included chronic respiratory failure (a long term condition when the lungs cannot get enough oxygen into the blood, tracheostomy (surgical opening in the neck and into the windpipe to help a person breathe) and lack of coordination. During a review of Resident 5's FRA dated 6/22/2024, the FRA indicated Resident 5 was at risk for falls. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 5's MDS dated [DATE], the MDS indicated Resident 5 had severely impaired cognition. The MDS indicated Resident 5 was dependent with oral, toileting, and personal hygiene, showering/bathing self, upper and lower body dressing, putting on/taking off footwear, rolling left and right (in bed), sitting to lying, lying to sitting on side of bed, and chair/bed-to-chair transfers. The MDS indicated the activity was not applicable for tub/shower transfers. The MDS indicated the activity was not attempted due to medical condition or safety concerns for eating, sitting to standing, toilet transfers, and walking 10 feet. During a review of Resident 2's AR, the AR indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included traumatic brain injury (TBI- injury that affects how the brain works that can cause death and/or disability), tracheostomy, and muscle wasting and atrophy (thinning of muscle mass). During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 had severely impaired cognition. The MDS indicated Resident 2 was depended with oral, toileting, and personal hygiene, showering/bathing self, upper and lower body dressing, putting on/taking off footwear, rolling left and right (in bed), sitting to lying, lying to sitting on side of bed, and chair/bed-to-chair transfers. The MDS indicated the activity was not applicable for tub/shower transfers. The MDS indicated the activity was not attempted due to medical condition or safety concerns for sitting to standing, toilet transfers, and walking 10 feet. During a review of Resident 2's FRA dated 7/4/2024, the FRA indicated Resident 2 was at risk for falls. During a review of Resident 4's AR, the AR indicated Resident 4 was admitted to the facility on [DATE] with diagnoses that included chronic (long-term) respiratory failure, tracheostomy, and generalized muscle weakness. During at review of Resident 4's RFA dated 6/26/2024, the FRA assessment indicated Resident 4 was at risk for falls. During a review of Resident 4's MDS dated [DATE], the MDS indicated Resident 4 had severely impaired cognition. The MDS indicated Resident 4 was dependent with oral, toileting and personal hygiene, showering/bathing self, upper and lower body dressing, putting on/taking off footwear, rolling left and right (in bed), sitting to lying, lying to sitting on side of bed, and chair/bed-to-chair transfers. The MDS indicated the activity was not applicable for tub/shower transfers and car transfers. The MDS indicated activity was not attempted due to medical condition or safety concerns for eating, sitting to standing, toilet transfers, and walking 10 feet. During an interview on 8/12/2024 at 12:10 pm, with CNA 4, CNA 4 stated CNA 4 had to sometimes operate the Hoyer lift by herself. CNA 4 stated CNA 4 operated the Hoyer lift on average, 3 times per week by herself. CNA 4 stated CNA 4 will ask other CNAs licensed nurses, or the Respiratory Therapists (RTs) for help but was told they (other staff) were busy and cannot assist. CNA 4 stated CNA 4 did not ask the DSD, Registered Nurses, or Director of Nursing (DON) for help. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/12/2024 at 12:44 pm, with CNA 4, CNA 4 stated on 8/7/2024 CNA 4 was assigned to Resident 2. CNA 4 stated CNA 4 assisted Resident 2 from the bed to the geri-chair so Resident 2 could go to the activities room. CNA 4 stated CNA 4 operated the Hoyer lift by herself to transfer Resident 2. CNA 4 stated the CNA on the next shift transferred Resident 2 back to bed. CNA 4 stated on 8/6/2024 CNA 4 transferred Resident 2 to the shower chair from the bed using the Hoyer lift by herself. CNA 4 stated CNA 4 transferred Resident 2 back to bed from the shower chair using the Hoyer lift without assistance from a second person. CNA 4 stated on 8/8/2024, CNA 4 transferred Resident 4 to the shower chair from the bed using the Hoyer lift by herself. CNA 4 stated CNA 4 transferred Resident 2 back to bed from the shower chair using the Hoyer lift without assistance from a second person. CNA 4 stated on 8/5/2024 CNA 4 assisted Resident 5 to the shower chair from the bed using the Hoyer lift by herself. CNA 4 stated CNA 4 transferred Resident 5 back to bed from the shower chair using the Hoyer lift without assistance from a second person. CNA 4 stated for all the mentioned days CNA 4 assisted residents with the Hoyer without a second person assisting. CNA 4 transferred Resident 2, 4, and 5 by herself. CNA 4 stated CNA 4 did not ask the RNs for help. CNA 4 stated 2 people are supposed to be using the Hoyer lift for safety. CNA 4 stated if two people were not transferring a resident using a Hoyer lift, the resident or CNA 4 could get hurt. During an interview on 8/12/2024 at 3:22 pm with RT 1, RT 1 stated all residents with tracheostomy who were being transferred by Hoyer lift, required RT to be present for safety during transfer. RT 1 stated it was not safe to transfer a resident with a tracheostomy without RT using the Hoyer lift because the oxygen tubing could get tangled and/or the tracheostomy could become dislodged from the resident. During an interview on 8/12/2024 at 3:36 pm, with the DON, the DON stated two staff were required to transfer residents with operating the Hoyer lift. The DON stated residents who required the use of Hoyer lift for transfers were prone to falls, dependent with activities of daily living (ADL- the tasks of everyday life fundamental to caring for oneself), were weak and most had tracheostomies. The DON stated if two staff were not transferring a resident while operating a Hoyer lift, the resident could fall, cause the tracheostomy to become disconnected or dislodged and cause respiratory distress or injury. The DON stated the staff member not operating the lift was supposed to be on the side the resident, holding the sling and guiding the resident into the needed position during transfer. The DON stated this was done to prevent falls or issues with the skin. The DON stated if staff were not operating the lift appropriately staff could get hurt, and the residents could get hurt. During a review of the facility's P&P titled, Safe Resident Handling/Transfers, revised 12/19/2022, the P&P indicated the facility would ensure that residents were handled and transferred safely to prevent or minimize risk for injury and provide and promote a safe, secure, and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines. The P&P indicated two staff members must be utilized when transferring residents with a mechanical lift. The P&P indicated staff would be educated on the use of safe handling/transfer practices to include use of mechanical lift devices upon hire, annually and as the needed arises or changes in equipment occurred. The P&P indicated staff were expected to maintain compliance with safe handling/transfer practices and failure to maintain compliance could lead to disciplinary action up to and including termination of employment. The P&P indicated staff would perform mechanical lift/transfers according to the manufacturer's instructions for use of the device. The facility did not have a P&P on how staff would operate the Hoyer lift.