

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Diamond Ridge Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 W Marc Knighton CT Lecanto, FL 34461	

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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40559</p> <p>Based on record review and interview, the facility failed to ensure the resident's physician was immediately informed of an accident that resulted in injury for 1 of 3 residents reviewed, Resident #1.</p> <p>Findings include:</p> <p>Review of Resident #1's health record documented an appointment to see the cardiologist on 7/15/2024.</p> <p>Review of Resident #1's Emergency Department documentation dated 7/15/2024 showed the resident was in a wheelchair in a transfer vehicle and struck the left side of her face. CT (Computed Tomography) of head demonstrated a zygoma (cheekbone) fracture. The resident was anticoagulated but had no intracranial hemorrhage. Minimal blood in the sinus was noted and the resident had no signs of entrapment.</p> <p>During an interview on 12/6/2024 at 11:07 AM, the Administrator stated, I completed a thorough investigation of this incident on 7/16/2024 after the transport van incident, with [Resident #1's name] on 7/15/2024. I interviewed her twice on 7/16/2024 and [Resident #1's name] stated that the van driver [Staff A's name] buckled her down properly and wasn't speeding when this happened. It was just a bumpy road due to construction. The resident stated there was no abuse or neglect. It was just an accident.</p> <p>During an interview on 12/6/2024 at 12:08 PM, Resident #1 stated, I was going to see my cardiologist on 7/15/2024 for a routine appointment. There was a lot of construction on the main road, so I asked the van driver to go a different route since I grew up in this town and am aware of shortcuts to avoid construction and bumpy roads. The van driver took a quick turn which landed my left side of my face on the window. I yelled help and the van driver pulled over immediately, put the hazards [hazard lights] on and transferred me to the ground of the van. It took the van driver 7-8 attempts to get me back in the wheelchair. Once I was back in the wheelchair, I was re-buckled in.</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the interview on 12/6/2024 at 12:39 PM, Staff A, Certified Nursing Assistant (CNA), and Transport Driver, stated, I backed her [Resident #1] up next to the window to the left side, placed the seatbelt over her chest and waist and tightened all 4 anchors. The resident told me not to follow the GPS [Global Positioning System] and was telling me the directions turn by turn to go. I took a right turn. Then, I heard an Ouch. I pulled over and put my hazards on. She [Resident #1] was in her wheelchair tipped over with her face on the window. I tried to put the wheelchair up with the straps on it, but I couldn't. I had to unstrap all the seatbelts; I had to slide her [Resident #1] to the floor out of the wheelchair. I lifted her off the floor the first time and put her back in the wheelchair. I had blood on me, and she had blood on her due to skin tear. We went to her doctor's appointment because we were closer there than the facility.</p> <p>During an interview on 12/6/2024 at 1:18 PM, the Director of Nursing (DON) stated, She [Staff A] should have called 911 when she found the resident in the position with her face on the window. She is not qualified to assess the resident for a change in neurologic status. She should have contacted 911 at the time and then waited for 911 to arrive and follow their instructions.</p> <p>During an interview on 12/6/2024 at 2:16 PM, the Cardiology Office Manager/Registered Nurse stated, She [Resident #1] was brought in to have a scan. She advised the ultrasound technician that she had fallen. She had blood on her arm and her face. The tech [ultrasound technician] came to get me. She was in pain and had a large bruise. The doctor looked at her and said to call 911 and send to the ER [emergency room]. She had hit her head. I was not witness to how it happened. We were worried about possible brain bleeds.</p> <p>Review of American Red Cross website for First [NAME] Steps (https://www.redcross.org/take-a-class/first-aid/performing-first-aid/first-aid-steps) read, Checking an Injured or Ill Person. 1. CHECK the scene for safety, form an initial impression, obtain consent, and use personal protective equipment (PPE) . 3B. If the person is responsive or responds to stimulation and is fully awake and does not appear to have a life-threatening condition: Interview the person (or bystanders, if necessary), ask questions about signs and symptoms, allergies, and medications and medical conditions (SAM); Do a focused check based on what the person told you, how the person is acting and what you see. Note: Do not ask the person to move if you suspect a head, neck or spinal injury. Do not ask the person to move any area of the body that causes discomfort or pain . 4. After completing the CHECK step, CALL 9-1-1 and get equipment, or tell someone to do so (if needed). Then, give CARE based on the condition found and your level of training.</p> <p>Review of an undated facility policy and procedure titled Maintenance/Staff Development-Resident Transportation Safety (Facility Operated Vehicles) read, Policy: Facility operated vehicles used for the purpose of resident transportation will be operated in a manner that will minimize the risk of injury to residents and staff. Procedure . 9. The driver of the van/facility operated vehicle is to report any accident or incident (even if there is no injury or property damage) to the facility administrator and to law enforcement as required by law. 10. If an accident or incident occurs involving a resident that results in suspected or confirmed injury to the resident or if there is a medical emergency involving a resident, seek medical assistance. The administrator is to be notified as soon as possible after requesting assistance for the resident.</p>		