

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/24/2025
NAME OF PROVIDER OR SUPPLIER Creekside Transitional Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 West Pine Avenue Meridian, ID 83642	

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	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40733</p> <p>Based on reviews of incident reports, medical records, hospital records, and staff interviews, it was determined the facility failed to ensure residents' safety during mechanical lift transfers. This was true for two of two residents (#1 and #2) reviewed for accidents. This failure harmed Resident #1 when she sustained a facial contusion and fractures to her lumbar vertebrae and left leg.</p> <p>Findings include:</p> <p>1. Resident #1 was admitted to the facility on [DATE], and readmitted on [DATE], with multiple diagnoses including hemiplegia (paralysis that affect only one side of the body) and hemiparesis (one-sided weakness or inability to move) following a stroke.</p> <p>Resident #1's quarterly MDS, dated [DATE], documented she was severely cognitively impaired.</p> <p>A care plan intervention, initiated 1/24/25, stated Resident #1 was dependent for transfers, and instructed staff to transfer Resident #1 using a mechanical lift with two staff members assisting and providing all the effort.</p> <p>An incident report, dated 3/9/25, documented Resident #1 fell on [DATE] during a mechanical lift transfer. The report documented CNA #1 and CNA #2 were using a mechanical lift to transfer Resident #1 from her bed to a chair when she slid out of the sling. Resident #1's left side landed on the floor and her head hit the bed frame. She was assessed by a nurse and transferred to the hospital where it was determined she had a nosebleed, contusion of her nose, and suffered hip and spinal fractures. Surgery was performed to repair Resident #1's hip.</p> <p>The mechanical lift competencies for CNA #1 and CNA #2 were reviewed and found to be current and complete before the incident.</p> <p>The facility's investigation concluded there was no deficiency found as a cause of the incident, and the following measures were implemented:</p> <ul style="list-style-type: none"> - Competency training for CNAs related to safe mechanical transfers to be completed by 3/25/25. - Safety inspection of all mechanical lifts. Completed on 3/19/25 with no issues found. <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 135125
		If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/24/2025
NAME OF PROVIDER OR SUPPLIER Creekside Transitional Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 West Pine Avenue Meridian, ID 83642	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- Visual inspection of all mechanical lift slings. Completed 3/19/25 with no issues found.</p> <p>- The sling inventory was upgraded to include full-body-style slings on 3/17/25.</p> <p>- All resident care plans were updated to include specific sling size requirements, as needed.</p> <p>The facility's competencies were reviewed on 3/24/25. Two CNAs had not yet completed the new training which was to be completed on 3/25/25.</p> <p>On 3/24/25 at 1:47 PM, the [NAME] was interviewed. When asked what caused Resident #1 to fall, she stated that, after the incident, the CNAs reenacted the transfer for the nurse and the nurse reported they did everything correctly; the lift and sling were found to be in working order; and the fall was just an accident.</p> <p>2. Resident #2 was admitted to the facility on [DATE], with multiple diagnoses including Alzheimer's, muscle weakness, and contracture of both knees.</p> <p>Resident #2's quarterly MDS, dated [DATE], documented she was severely cognitively impaired</p> <p>A care plan intervention, initiated 6/7/24, stated Resident #2 was to be transferred with the use of a mechanical lift with two staff assisting.</p> <p>A fall report, dated 3/16/25, documented Resident #2 fell during a mechanical lift transfer from a chair to her bed.</p> <p>CNA #3 and CNA #4 were assisting with her transfer. The report stated Resident #2 slid feet first from the sling, landing on her bottom, on the floor. A nurse assessed Resident #2, and no injuries were found.</p> <p>The facility's investigation documented no causative factors for the incident.</p> <p>A progress note, dated 3/24/25, documented Resident #2's care plan was updated to instruct staff to use a green sling (full-body sling) for her transfers.</p> <p>The mechanical lift competencies for CNA #3 and CNA #4 were reviewed and found to be current and complete before the incident.</p> <p>On 3/24/25, beginning at 1:47 PM, the DON stated there were no issues found with staff competencies or equipment failure related to Resident #2's fall.</p>		