| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 205099 | A. Building<br>B. Wing | 05/14/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Rumford Community Home | 11 John F Kennedy Lane<br>Rumford, ME 04276 |

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<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility policies, review of a reportable incident form, and interviews the facility failed to ensure that a resident was free from injury when the facility staff failed to properly transfer a resident causing the resident to sustain a laceration on the nose and several lacerations with hematomas to the head for 1 of 13 residents requiring a mechanical lift for transfers. (Resident #1)<br><br>Findings:<br><br>On 5/5/25, The Division of Licensing and Certification received a facility Reportable Incident Form indicating that on 5/4/25 at 1:50 p.m. Resident #1 was being transferred out of bed to a Broda chair using a mechanical lift (hoyer). The legs of the hoyer lift were not opened and the hoyer lift fell over sideways while the resident was in the sling. The resident fell to his/her left side onto the floor resulting in a laceration to the back of the head and the bridge of his/her nose.<br><br>Review of nurses note dated 5/4/25 at 2:42 p.m., stated, This nurse was called to resident's room. Resident was laying on [his/her] left side on the floor and the staff was in the process of standing the hoyer lift back up. Per staff resident was being transferred into [his/her] broda chair. The legs of the hoyer were not open and the hoyer lift tipped over sideways with the resident in it. Resident noted to have a small laceration on the bridge of [his/her] nose. [He/she] also has a 8cm (centimeter) x 7cm [NAME] on the left side of [his/her] head. There is a 0.5cm laceration in the center of the [NAME]. Also noted is a 0.5cm laceration on the back of [his/her] head. Resident alert and answering questions appropriately. Offers no complaint of pain or discomfort. Able to move all extremities. Lacerations cleansed with wound cleanser and left open to air.<br><br>Review of Physician order dated 5/5/25 stated, Hematoma to left side of head and posterior head: monitor q (every) shift, notify provider of any new or worsening sx (symptoms)- HA (headache), nausea, vomiting, confusion.<br><br>Resident #1's care plan initiated on 8/16/23 stated, he/she has ADL self-care performance deficit related to Dementia and requires extensive assists with bathing, grooming, personal hygiene and bed mobility. Interventions include the resident requires total assist via hoyer lift with 2 staff.<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 205099 | A. Building<br>B. Wing | 05/14/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Rumford Community Home | 11 John F Kennedy Lane<br>Rumford, ME 04276 |

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<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | On 5/14/25 at 12:17 p.m., during an interview, the Certified Nurses Aid (CNA #5) stated she assisted 2 other CNA's and the Licensed Practical Nurse get Resident #1 off the floor using the hoyer lift and into his/her Broda chair. When she entered the room the hoyer lift was on its side and the legs were in the closed position stating, the first thing I said, oh the legs are closed, you're supposed to have them open.<br><br>On 5/14/25 at 1:16 p.m., during an interview, the Licensed Practical Nurse (LPN) stated CNA #7, a witness, reported that the hoyer legs were closed during the transfer.<br><br>On 5/15/25 at 1:21 p.m., during a telephone interview, CNA #7 confirmed she was assisting CNA #3 with the hoyer transfer for Resident #1 with CNA #3 operating the hoyer. CNA #7 stated, we were going to the chair that we had placed and when she went to try to open the legs, it was like a manual hoyer, you have to pull it, like physically to open the legs. So, basically when she went to go do that, it kind of made the balance off centered and that's when the hoyer fell. The surveyor asked if Resident #1 was lifted out of the bed and transferred over to the broda chair with the hoyer legs in the closed position. CNA #7 stated, it wasn't until we got to the chair that she was trying to open them.<br><br>Mechanical lift Policy effective 4/2004, revision date 5/6/2025 states The base legs of the lift will be locked in the maximum open position. The base legs must be always locked for stability and resident safety when lifting and transferring a resident.<br><br>On 5/14/25 at 2:45 p.m., the above was confirmed with the Administrator.<br><br>As a result of the facility's investigation, the following corrective actions were initiated:<br><br>Immediate education on mechanical lift safety to staff involved in the incident<br><br>Hoyer lifts were inspected and removed from service if needed<br><br>Resident #1's care plan was reviewed and revised on 5/9/25<br><br>Nursing staff completed education on mechanical lift safety including videos, in person training and tests<br><br>New hoyer lifts were ordered<br><br>Facility conducted an investigation with root cause analysis.<br><br>Audits in place for hoyer use observations and results will be brought to QAPI. |