| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 225038 | A. Building<br>B. Wing | 10/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Leominster | 370 West Street<br>Leominster, MA 01453 |

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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>37342<br><br>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who was evaluated by Physical Therapy and was assessed as being able to transfer with a sit to stand lift, the Facility failed to ensure his/her comprehensive plan of care was updated to include the most current transfer status, as determined by the Physical Therapy Department.<br><br>Findings include:<br><br>The Facility Policy, titled Nursing Documentation, dated 08/20/19, and reviewed on 09/05/24, indicated the medical record would reflect the resident's progress toward achieving their person-centered plan of care, and would reflect the resident's condition and the care and services provided across all disciplines.<br><br>The Facility Policy, titled Comprehensive Care Plan and Revisions, dated 03/02/2022, and reviewed on 09/11/24, indicated the Facility staff would monitor the resident over time to help identify changes in the resident condition that may warrant an update to the person-centered plan of care, and when those changes occurred, the Facility would review and update the plan of care to reflect the changes to the care delivery.<br><br>A Hoyer Lift transfer is performed using a full body sling attached to the boom of a mechanical lift.<br><br>A Sit to Stand Lift transfer is performed using a mechanical lift in which a person is supported by a sling and brought to a standing position.<br><br>Resident #1 was admitted to the Facility in November 2023, diagnoses included generalized weakness, obesity, and anxiety.<br><br>Review of Resident #1's Activities of Daily Living Care Plan, dated 05/07/24, indicated Resident #1 required the use of a Hoyer Lift with two staff members assistance for transfers.<br><br>Review of Resident #1's Physical Therapy Treatment Encounter Note, dated 07/25/24, indicated Nursing Staff were educated by the Physical Therapy Department to transfer Resident #1 using the sit to stand mechanical lift and two staff person assist.<br><br>(continued on next page) |



| 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 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Review of the Staff Education Sheet, dated 07/25/24, indicated the Physical Therapy Department educated Nursing staff to transfer Resident #1 using the sit to stand mechanical lift and two staff person assist.<br><br>Review of Resident #1's Physical Therapy Treatment Encounter Note, dated 08/07/24 indicated Resident #1 had reached his/her highest functional potential being a maximum of two staff person assist for transfers, with the sit to stand mechanical lift being the preferred method for his/her safety and staff safety.<br><br>However, review of Resident #1's Care Plan indicated although Physical Therapy staff had educated and trained nursing staff to transfer Resident #1 with the sit to stand lift, there was no documentation to support that his/her care plan was updated to include the sit to stand mechanical lift for transfers.<br><br>During an interview on 10/08/24 at 10:53 A.M., the Director of Nurses (DON) said Resident #1 was assessed by Physical Therapy (PT), the sit to stand mechanical lift was recommended by PT, and nursing staff were educated. The DON said Resident #1's Care Plan should have been updated to reflect the change, but was not. |