

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255212	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Courtyards Comm Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 907 East Walker Street Fulton, MS 38843	

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>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** 46013</p> <p>Based on staff interviews, record reviews, and facility policy review, the facility failed to ensure a resident was kept free from an accident resulting in an injury during facility transport for one (1) of (4) residents reviewed for accidents. Resident #1.</p> <p>Findings include:</p> <p>A record review of the facility's policy titled, Accidents and Incidents undated revealed, Policy: It is the policy of this facility that the resident environment remains as free of accidents and hazards as possible and those residents receive supervision and assistance devices to prevent accidents whenever possible. This is accomplished through the identification and evaluation of environmental hazards and individual risk factors, implementing interventions to reduce hazards and risks that are identified, and monitoring for the effectiveness of the interventions .</p> <p>A record review of Emergency Department Note date of service: 06/20/24 revealed, Resident #1 with a chief complaint of Extremity Laceration. (EMS states that facility told them that patient was in wheelchair that wasn't locked, and the wheelchair rolled into the bumper of a car. Patient's left leg was caught between the wheelchair and the car's bumper and cut her leg.) . Musculoskeletal: Comments: Left leg with a large 8-inch laceration muscle exposed anterior tib-fib (tibia/fibula)</p> <p>In an interview on 7/31/24 at 12:40 PM, Certified Nurse Aide (CNA) #1 revealed she is the transport CNA for the facility, which involves loading the residents onto the facility van and driving them to their appointments. She revealed the day that Resident #1 got hurt, she had an assistant helping her and the assistant had asked where the van keys were. She revealed she locked the resident's wheelchair, left the resident, and was going around the back of the van to give her assistant the keys. She revealed when she got behind the van she heard Resident #1 yell, Help. She revealed she went back around to the resident, and the resident wasn't up against the van, but she had blood in her shoe. She confirmed she did lock the wheelchair, however, she did leave the resident alone to go and give the other CNA the keys.</p> <p>During a phone interview on 7/31/24 at 12:45 PM, the Psychiatric Nurse Practitioner revealed she was pulling into the facility parking lot on 6/20/24 and saw the resident roll down in her wheelchair unassisted and hit her left leg on the end of the van. She revealed when she got up to the van the resident was bleeding and went inside and reported the incident.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 255212
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/31/24 at 2:40 PM, a Licensed Practical Nurse (LPN) revealed on that 6/20/24, Resident #1 had a doctor's appointment and was being transported by the facility van. She revealed the Psychiatric Nurse Practitioner came inside and informed me that a resident was outside and was bleeding and needed help. She revealed When I got outside to assess the situation, it was bad. The resident had a severe laceration to her left leg. It took us a while to get the bleeding stopped. The resident was transported by ambulance to the hospital. I don't think she (Resident #1) unlocked her wheelchair. I've never pushed her somewhere and locked her chair, and then she unlocked it. I think the wheelchair wheels were not locked and she rolled into the van.</p> <p>During an interview on 7/31/24 at 3:00 PM, the Director of Nurses (DON) revealed I don't feel like the wheelchair wheels were locked, and if they were locked, I don't think she (Resident #1) would have had the strength to unlock them. The DON confirmed the facility failed to ensure the safety of the resident by ensuring the wheelchair was locked, and the resident was not left unattended.</p> <p>A review of the Admission Record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses that included Chronic Systolic (Congestive) heart failure, Paroxysmal atrial fibrillation, Type 2 Diabetes Mellitus, and Chronic kidney disease, Stage 3A.</p> <p>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/13/2024 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 04, indicating severe cognitive impairment.</p>		