

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Arrington Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 902 Gerald McRaney Street Collins, MS 39428	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>50751</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure a resident's right to be free from neglect when a Certified Nurse Aide (CNA) inappropriately transferred a dependent resident, resulting in a fractured femur for one (1) of two (2) residents reviewed for accidents, Resident #3. Based on the implementation of the facility's corrective actions on 4/24/25, the deficient practice was determined to be Past Non-Compliance (PNC) with measures put in place to correct the deficiency effective 4/25/25, prior to the State Agency (SA) entrance on 4/29/25.</p> <p>Findings include:</p> <p>Review of the facility's policy, Abuse, Neglect, and Exploitation, revised 10/10/2022, revealed, Policy: This facility's policy is to protect each resident's health, welfare, and rights by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect. Definitions 'Neglect' means the failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress .</p> <p>A record review of the facility's investigation, dated 4/23/25, revealed that during the 3-11 PM shift on 4/23/25, two Certified Nurse Aides (CNAs) noted Resident #3 had a swollen and painful left hip. The Registered Nurse (RN) supervisor assessed the resident and arranged for transfer to an acute care hospital. The facility was notified that Resident #3 had sustained a fracture. Upon reviewing security footage, the Administrator observed that Resident #3 was assisted with lunch, then later wheeled to her room by her daughter-in-law, who left the resident alone in the room in a geri-chair at 12:53 PM. The assigned CNA (CNA #1) later entered and exited the room between 1:13 PM and 1:18 PM. When questioned, the CNA admitted that no one assisted her with transferring Resident #3 and that she had transferred her by placing one arm under the legs and one under the arms. The CNA was immediately suspended pending the facility's investigation.</p> <p>A record review of the Admission Record revealed the facility admitted Resident #3 on 9/29/17 with diagnoses including Sick Sinus Syndrome.</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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/11/25 revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated her cognition was severely impaired. Further review revealed Resident #3 was dependent upon staff for assistance with mobility including rolling left to right, moving from sitting to lying position, and getting in and out of the shower.</p> <p>A record review of the Emergency Department's Provider Notes, dated 4/24/25, revealed, .History .Nursing home reports that they noted that patient's left upper leg was swollen and appeared to be painful when they were changing her this evening .Left upper leg is swollen .X-ray hip - complete 2 views LT (Left) .Left hip arthroplasty with significantly displaced angulated overriding comminuted periprosthetic fracture of the proximal femoral shaft along the mid to distal aspect of the femoral stem component. Severe osteopenia. Soft tissue swelling .</p> <p>On 4/30/25 at 1:05 PM, during an interview with the Director of Nursing (DON), she explained that an investigation was initiated after the night shift charge nurse notified her on 4/23/25 that the resident had a knot with bruising on the left hip and appeared to be in pain. The DON instructed staff to contact the nurse practitioner, who recommended sending the resident to the ED (Emergency Department). The DON stated the ED physician questioned the injury mechanism and referred the incident to the Attorney General's office. The DON and Administrator questioned CNA #1 on 4/24/25, and CNA #1 admitted to lifting the resident out of her chair and into bed by herself. The DON stated that CNA #1 should have either used the stand-and-pivot method or a mechanical lift with other staff assistance. She emphasized the expectation that staff follow safe transfer techniques to prevent resident injury.</p> <p>On 4/30/25 at 10:42 AM, during an interview with CNA #1, she stated that on 4/24/25 she lifted the resident from the chair to bed using one hand under the hips and the other under the back. She acknowledged that lifting the resident in that way was inappropriate but felt comfortable doing so because of the resident's small size and her own strength. CNA #1 acknowledged the risk of injury, including broken bones, from improper lifting.</p> <p>On 5/1/25 at 9:20 AM, during an interview with RN #1 (Care Plan/MDS Nurse), she explained CNAs are instructed to use a lift if they are uncomfortable transferring a resident. She confirmed that Resident #3 was recommended for one-person stand-and-pivot transfer at the time of the injury.</p> <p>On 5/1/25 at 9:39 AM, during an interview with the facility's Occupational Therapist, he stated that therapy last saw Resident #3 on 9/9/24 and recommended one-person maximal assistance with a stand-and-pivot method. He stated this method was safest and that improper lifting could result in residents having serious injuries or falls.</p> <p>On 5/1/25 at 10:26 AM, during an interview with the Administrator, she confirmed CNA #1 admitted to lifting the resident inappropriately. The Administrator stated she did not believe the act was malicious and CNA #1 had no prior disciplinary issues, but the CNA was placed on leave pending investigation and later terminated.</p> <p>On 5/1/25 at 12:40 PM, during an interview with Resident #3's Resident Representative (RR), she stated the resident had experienced a recent incident that resulted in a hip fracture. She stated the injury occurred when CNA #1 lifted the resident from a chair to bed. She added that on 4/30/25 at 9:35 AM, the Administrator informed her that CNA #1 admitted to lifting the resident inappropriately.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/8/25 at 9:50 AM, during a post-exit interview with the Administrator, she explained that at the time of the inappropriate transfer, Resident #3 had a lift pad under her in the geri-chair because staff earlier in the day had used a mechanical lift to transfer her. She stated that while the resident could typically perform a stand-and-pivot transfer with assistance, her condition varied day to day. The Administrator emphasized that the staff are expected to evaluate transfers and, if a resident appears too weak or unstable to complete a safe pivot, a mechanical lift must be used. She explained that this expectation was reinforced through immediate in-services and education following the incident, which applied not only to residents with established lift orders, but to any resident whose transfer needs may change based on their condition at the time.</p> <p>The facility submitted the following corrective action plan:</p> <ol style="list-style-type: none"> Address how corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. <p>Certified Nurse Aide (CNA) (CNA #1) in question was suspended on April 24, 2025, pending investigation completion.</p> <p>Certified Nurse Aide (CNA) to be terminated week of April 28, 2025, following completion of investigation.</p> <ol style="list-style-type: none"> Address how the facility will identify other residents having the potential to be affected by the same deficient practice. <p>All residents using the lifts have the potential to be affected.</p> <ol style="list-style-type: none"> Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. <p>An Emergency Quality Assurance meeting was called at 9:20 a.m. on April 24, 2025, to discuss injury to Resident.</p> <p>Read and sign immediate education was placed in the In-Service Binder by the Staff Educator on April 24, 2025, regarding:</p> <ol style="list-style-type: none"> Lift Education - Patient Lifts Safety Guide Policy and Procedure for Safe Lifting Program Step-by-step Instructions to find lift orders in the kiosk for residents. Policy and Procedure for Abuse, Neglect, and Exploitation <p>A 100% audit was conducted by the Minimum Data Set (MDS) Nurses of all residents using sit to stand or total lifts to verify sling sizes, care plans, lift evaluations, and orders were correct and accessible to staff through the Electronic Health Record kiosk.</p> <p>(continued on next page)</p>		

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