

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  Beth Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  2500 Pleasant Street Hannibal, MO 63401	

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 - Minimal harm or potential for 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>42594</p> <p>Based on observation, interview, and record review, the facility failed to provide a transfer in a safe manner for one resident (Resident #2) in a review of five sampled residents when two staff members Certified Nurse Aide (CNA) C and CNA D transferred the resident inappropriately with a gait belt (an assistive device which can be used to help safely transfer a person from a bed to a wheelchair and assist with sitting and standing). The resident's Care Plan directed staff to transfer the resident with a mechanical lift (a device that helps move and transfer people who need more support than caregivers can provide manually). Staff transferred the resident from a recliner to his/her wheelchair with a gait belt and did not utilize a mechanical lift. The resident did not bear weight during the transfer. The facility census was 71.</p> <p>Review of the facility's undated policy, Appropriate Transferring Techniques, showed the following:</p> <ul style="list-style-type: none"> <li>-There is a procedure in place for proper transferring of a resident;</li> <li>-If a resident is able to bear weight and assist with the transfer they may be transferred with a gait belt and assist of one or two staff members;</li> <li>-If a resident does not bear weight, staff must use a mechanical lift with assist of two staff members.</li> </ul> <p>Review of the facility policy, Using a Mechanical Lifting Machine, dated 7/2017, showed the following:</p> <ul style="list-style-type: none"> <li>-The purpose of the procedure is to establish the general principles of safe lifting using a mechanical lifting device;</li> <li>-At least two nursing assistants are needed to safely move a resident with a mechanical lift;</li> <li>-Staff must be trained and demonstrate competency using the specific machines or devices utilized in the facility;</li> </ul> <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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Before using a listing device, assess the resident's current condition, including physical and cognitive conditions; Can the resident assist with the transfer? Is the resident's weight and medical condition appropriate for the use of a mechanical lift? Can the resident understand and follow instructions? Is the resident agitated, resistant, or combative? Does the resident express fear or appear anxious about the use of a mechanical lift?</p> <p>Review of the facility policy Safe Lifting and Movement of Residents, dated 7/2017, showed the following:</p> <p>-In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriated techniques and devices to lift and move residents;</p> <p>-Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents;</p> <p>-Manual lifting (gait/transfer belts, lateral boards) of residents shall be eliminated when feasible;</p> <p>-Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Such assessment shall include the following: resident's preferences for assistance, resident's mobility (degree of dependency), weight bearing ability, cognitive status, whether the resident is usually cooperative with staff and the resident's goals for rehabilitation;</p> <p>-Staff responsible for direct resident care will be trained in the use of manual and mechanical lifting devices.</p> <p>1. Review of Resident #2's Care Plan, dated 3/5/24, showed the following:</p> <p>-The resident had fragile skin and had the potential for skin tears;</p> <p>-The resident used a mechanical lift for transfers to help prevent skin injury.</p> <p>Review of the resident's annual Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 8/23/24, showed the following:</p> <p>-The resident's cognition was severely impaired;</p> <p>-The resident had diagnoses that included Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), dementia (a chronic condition that causes a decline in mental functioning, such as thinking, remembering, and reasoning, to the point that it interferes with daily life), need for assistance with personal care, muscle weakness and difficulty walking;</p> <p>-The resident used a wheelchair and was dependent on staff to push him/her from one area to another.</p> <p>Observation on 10/10/24 at 11:35 A.M. showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident #2 sat in a recliner in the day room. His/Her wheelchair, and a mechanical lift were positioned beside the resident;</p> <p>-Certified Nurse Aide (CNA) C placed a gait belt around the resident's waist;</p> <p>-CNA C and CNA D attempted to transfer Resident #2 and then stopped and got Licensed Practical Nurse (LPN) F and they discussed the transfer;</p> <p>-CNA C and CNA D transferred Resident #2 with the gait belt to his/her wheelchair;</p> <p>-During the transfer the resident's feet drug the floor and the resident did not bear weight. CNA C placed his/her right hand on the front of the gait belt and hooked his/her left arm under the resident's right arm. CNA D placed his/her right hand on the resident's left buttock and hooked his/her right arm under the resident's left arm. The CNAs sat the resident in his/her wheelchair on a mechanical lift pad.</p> <p>During an interview on 10/10/24 at 12:40 P.M. LPN F said the following:</p> <p>-He/She told CNA C and CNA D to go ahead and transfer Resident #2 with the gait belt since the resident did not have the mechanical lift pad under him/her;</p> <p>-He/She told CNA C and CNA D to transfer the resident with a mechanical lift from there on out since the resident was non-weight bearing.</p> <p>During an interview on 10/10/24 at 12:46 P.M. CNA C said the following:</p> <p>-He/She did not know the resident was supposed to transfer with a mechanical lift. It must have been a recent change;</p> <p>-He/She was trained on mechanical lift transfers and gait belt transfers. He/She was trained to hook his/her arm under a resident's arm when he/she transferred residents with a gait belt;</p> <p>-All nursing staff members transferred Resident #2 with a gait belt and hooked their arms under the resident's arms.</p> <p>During an interview on 10/10/24 at 1:45 P.M. CNA D said the following:</p> <p>-He/She was hired at the facility a few weeks ago;</p> <p>-He/She was trained on mechanical lift transfers and gait belt transfers. He/She was trained to hook his/her arm under a resident's arms when he/she transferred residents with a gait belt;</p> <p>-He/She did know that Resident #2 was a mechanical lift transfer but one of the other CNAs showed him/her how to use a gait belt with two people to transfer the resident from chair to chair;</p> <p>-He/She also saw other staff members transfer Resident #2 with a gait belt;</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident would be transferred with a mechanical lift when the resident would get in and out of bed.</p> <p>Observation on 10/10/24 at 2:20 P.M. of the resident's upper arms showed the following:</p> <p>-The resident had multiple, dime sized bruises to his/her left upper arm;</p> <p>-The bruising was on the inner and outer aspects of the left upper arm;</p> <p>-The bruising was yellow and green in color which indicated the bruise occurred in the last five to ten days.</p> <p>During an interview on 10/10/24 at 2:40 P.M. the Director of Nursing said the following:</p> <p>-She expected all staff to make appropriate transfers with gait belts;</p> <p>-She expected Resident #2 to be transferred with a mechanical lift for every transfer;</p> <p>-Residents that did not bear weight should not be transferred with a gait belt;</p> <p>-When asked if she felt the resident's bruises were related to the improper transfer, the DON indicated this was likely.</p> <p>MO242295</p>		